

# Readiness Guide and Checklist

The following General Readiness Information has been provided for your assistance because each topic addresses some of the most frequently asked questions.

## Readiness and Response Resources

Please click on the links below to view the resources:

[PHS Manual Circular NO. 377 “Basic Level of Force Readiness Standards Manual Circular”](#)

[PPM 04-003 “A revision and supplemental policy for Manual Circular NO. 377” Standards and procedures for conducting the Annual Physical Fitness Test \(APFT\)](#)

[PERSONNEL POLICY MEMORANDUM \(PPM 07-001\): "Extension of Manual Circular 377"](#)

[President Challenge Instructions](#)

[Medical Affairs](#)

- [MAB Immunization Fax Cover Sheet](#)
- [5 Year Medical Form \(DD2808\)](#)
- [Report of Medical History](#)
- [Report of Dental Examination](#)

\*\* [Readiness Assistance E-Form](#) – Use this link to request readiness assistance or to submit questions to the Division of Commission Corps Personnel and Readiness (DCCPR) Readiness and Response Program. **Please ensure all correspondence to DCCPR has your Name, Rank, PHS SERNO and Direct Access Member ID.**

## Direct Access ~ Resources

Self Service Procedure Guide: <http://www.uscg.mil/ppc/phs/PHSSelfServiceProcedureGuide.pdf>

Direct Access FAQs: [http://dcp.psc.gov/CCMIS/self\\_service.aspx](http://dcp.psc.gov/CCMIS/self_service.aspx)

Introduction Training Video: <http://dcp.psc.gov/DA-training-video/index.html>

Self Service Training Video Menu: <http://dcp.psc.gov/DA-training-video/ccfm/menu/index.html>

## Logging in to Direct Access

1. Get your [log in information](#) and login via the Direct Access website or CCMIS Website
  - Log in to Direct Access at <https://ep.direct-access.us/psp/UCGP1PP/?cmd=login&languageCd=ENG>
  - Ensure that you see the logo "**ORACLE** Peoplesoft Enterprise" when you arrive at the site.
2. [Change your Direct Access password](#) after successfully entering Direct Access for the first time.
3. Provide a password reminder question in case you forget your password

Please use the Direct Access Procedure Guide to assist you with viewing, editing and saving your information. <http://www.uscg.mil/ppc/phs/PHSSelfServiceProcedureGuide.pdf>

## CANNOT login to Direct Access?

Readiness and Response is not able to reset your password for Direct Access. Please follow the steps below in the order listed.

1. Attempt to Reset your Password
  - Direct Access: <https://ep.direct-access.us/psp/UCGP1PP/?cmd=login&languageCd=ENG&>
  - Click > Sign in to PeopleSoft
  - Click > Forgot My Password (employ this tool if you cannot log into Direct Access)
2. Email the US Coast Guard Helpdesk
  - Go to the website: <http://www.uscg.mil/ppc/phs/>
  - Click on Contact PPC Customer Care. An email form will pop up
  - Please state your question and request assistance.
  - Wait up to **3 days** to receive a response via email
3. Call the US Coast Guard Helpdesk: 866-772-8724
4. Email Mr. Dennis Brown: [dennis.a.brown2@uscg.mil](mailto:dennis.a.brown2@uscg.mil)
  - Note: He will assist officers who have been unable to successfully use Forgot My Password and have not heard from the U.S. Coast Guard Helpdesk for 3 days (a rare occurrence often tied to the use of incorrect email addresses)

## Logging in to OFRD

1. Access to the OFRD website
    - Please click this link <http://ccrf.hhs.gov/ccrf> (OFRD Website)
    - Click the Black Login button at the top of the page.
    - Read the Next pages Important Readiness Update and scroll to the bottom
    - Click [Login to OFRD](#)
      - a. Enter your Username (Your Username is your PHS #)
      - b. Enter your Password (Not case sensitive)
- Default Password: first initial of first name, first initial of last name, and last 4 digits of SSN**
- Click the **Login** button
  - Read the Warning, then click **OK**
  - You will then arrive at the **Officer Summary** page

## CANNOT login to OFRD?

1. Follow these steps after unsuccessfully logging into the OFRD Website
  - At the Login page > Click [Forgot your password](#)
  - If you do not receive a new password please fill out the [Readiness Assistance E-Form](#) for assistance

**Important Note: Verify that your email address stored in Direct Access is correct**

## READINESS COURSES

Readiness courses are completed on Responder e-Learn:



### Login to Responder e-Learn:

<http://www.respondere-learn.com/>

### Default username and password:

Username: First 3 letters of your last name (must be lowerCASE), followed by your PHS#

Password: First 3 letters of your last name (must be lowerCASE), followed by your PHS#

### For assistance with forgotten usernames or passwords:

Forgotten your username or password?

Yes, help me log in

For **system** or **technical support** or **password reset**, e-mail: [usphslmssupport@inforeliance.com](mailto:usphslmssupport@inforeliance.com)

To report urgent, mission-critical technical problems, you may also call the following phone number between 9 am - 5 pm (EST), Monday - Friday: 1-703-246-9360 x156.

## ANNUAL PHYSICAL FITNESS TEST (APFT)

Updating your APFT results is a **two step** process:

- You **MUST** mail your original APFT (form PHS 7044) documentation to MAB in accordance with policy. PHS-7044: [http://dcp.psc.gov/PDF\\_docs/PHS-7044.pdf](http://dcp.psc.gov/PDF_docs/PHS-7044.pdf)
- You **MUST** also enter your APFT data on the Direct Access website ([DA Process manual Pg 59](#)) to meet readiness

## **BASIC LIFE SUPPORT (BLS)**

Updating BLS information is a two step process:

- You **MUST** fax a copy of your BLS card to your eOPF (301-480-1407) or (301-480-1436)
- You **MUST** also enter and save your BLS expiration date in Direct Access ([DA Process manual Pg 34](#)) to meet readiness

### **Approved BLS courses**

Officers must complete and maintain currency in one of the following:

- American Heart Association (AHA) Basic Life Support for health care providers or
- American Red Cross CPR/AED for the professional rescuer

## **PROFESSIONAL LICENSURE**

To meet the licensure requirement, you **MUST** fax a copy of your license/registration/certification to the Division of Commissioned Corps Personnel and Readiness (DCCPR).

- **Verify licensure status by reviewing your PIR prior to contacting DCCPR**
- **Fax your license to DCCPR (240-453-6142) and not your eOPF**
- **Please allow 10 business days for documents to be scanned and indexed into your eOPF**

Helen Betsy Darracott, HR Specialist and Licensure & Long Term Training Project Officer manages all license updates.

**FAX license documents to: 240-453-6142**

**Important Note: All faxed license documents must show your PHS#**

If you have questions, please follow-up with Betsy Darracott:

Phone: 240-453-6037

[helen.darracott@hhs.gov](mailto:helen.darracott@hhs.gov)

Please retain copies of your faxed cover sheet and verify that your transmission was received and documented by DCCPR using Mrs. Darracott's number and email above.

## **MEDICAL AFFAIRS**

Updating your 5-year Medical Exam:

**Important Note: Readiness and Response does not accept Medical Documentation all medical documents should be forwarded to Medical Affairs for review.**

- **Mail or hand carry your 5-yr Medical Exam to the Medical Affairs Branch (MAB)**
- MAB completes their Administrative Review and updates their database indicating your recently completed exam
- You can review the status of your Medical Exam by clicking the Medical Exam link in Direct Access ([Direct Access Procedure Manual Page 64](#))

- DCCPR will access the MAB database to retrieve the latest updates
- DCCPR runs the official readiness reports on December 31st, March 31st, June, 30th, and September 30th

**Please Note:**

During the months of March, June, September, and December, MAB receives a large volume of Medical Exams and they do their best to complete the administrative reviews in a timely manner. Those officers sending Medical Exams to MAB close to December 25th may find that the administrative review is not completed until after January 1st of the following year.

We encourage everyone **not** to wait until the latter part of each Readiness Quarter to mail their Medical Exams to MAB.

**Requesting a Medical Waiver:**

- Contact the Medical Affairs Branch at **301-427-3261 or 3262**

**Medical Affairs Mailing Address:**

Medical Affairs Branch  
Attn: Medical Evaluations Section  
8455 Colesville Road, Room 910  
Silver Spring, MD 20910

**IMMUNIZATION**

Due to the vast number of immunization data to be filed before December 31, **please do not call MAB.**

Please Note: **Any calls placed to MAB will further hinder rapid immunization data processing.**

1. Review your immunization information in Direct Access by clicking on the immunization link in Direct Access ([Direct Access Procedure Manual Page 68](#)).

2. Faxing your immunizations to MAB:

- You **MUST** use the MAB Fax Coversheet available on the OFRD website and attached below
- Use MAB Fax #s **301-427-3433** or **800-733-1303**
  - Always place your full name & PHS serial number on every faxed page
  - **Handwritten faxed documentation should include provider's name, signature, & credentials**
  - MAB can only accept medical documentation (from care provider) as proof of immunizations
- Once you Fax your documents, **Please Do NOT fax them a 2<sup>nd</sup> and 3<sup>rd</sup> time**
  - If you have a question about previously faxed information please Email Questions to [sally.bentsi-enchill@psc.hhs.gov](mailto:sally.bentsi-enchill@psc.hhs.gov) or [Samuel.bell@psc.hhs.gov](mailto:Samuel.bell@psc.hhs.gov)
  - Re-faxed documents sent previously will only create a backlog and further delay data updates

- When faxing, ensure documents are fed through properly to avoid blank transmitted copies

**INFLUENZA Vaccine -- Expires annually**

**RE: Influenza Immunizations**

**Immunization records must be faxed to 301-427-3433 or 800-733-1303 for entry by MAB.**

**PPD Requirements – Expires Annually \*\* unless you have 2 negative results in less than 12 months recorded in Direct Access**

**Important Note: The PPD immunization expires every year unless you get 2 negative results in a period of less than 12 months. After which point in time, you will not be required to continue entering an annual PPD to meet readiness.**

**Immunization records must be faxed to 301-427-3433 or 800-733-1303 for entry by MAB.**

**Missing Td, Tdap, Tetanus -- Expires every 10 years**

**Immunization records must be faxed to 301-427-3433 or 800-733-1303 for entry by MAB.**

**\*Basic Readiness Checklist is attached below\***

## Basic Readiness Compliance Checklist

Reference document PERSONNEL POLICY MEMORANDUM ([PPM 07-001](#))

| STANDARD  | OFFICER'S RESPONSIBILITY   | STANDARD                                 |
|---|--|--|
| <p><b>BLS</b></p> <p>Complete AHA BLS Life Support for Healthcare Providers or ARC CPR/AED for the Professional Rescuer</p> | <p>Record your latest <b>BLS</b> expiration date:</p> <p>Within your <a href="#">Direct Access</a> portal home page, click on "My Profile" link located in the self service module. Click on the qualification link and scroll down to the BLS Section. Click Edit and enter your new expiration date. Click Ok and then click Save. Verify that your information was saved.</p> <p><b>Also</b>, fax your BLS card to your eOPF<br/>FAX: 301-480-1407 or 301-480-1436</p> <p><b>Renew every 2-years</b></p> <p><b>Direct Access Procedure Guide:</b><br/><a href="http://www.uscg.mil/ppc/phs/PHSSelfServiceProcedureGuide.pdf">http://www.uscg.mil/ppc/phs/PHSSelfServiceProcedureGuide.pdf</a></p> | <p><b>BLS Expiration Date:</b> _____</p> |
| <p><b>Annual Physical Fitness Test (APFT)</b></p> <p>APFT <a href="#">Requirements (Levels 1-4)</a></p>                     | <p>Enter your latest <b>APFT</b> results:<br/>Within your <a href="#">Direct Access</a> profile<br/>Under your <b>Self-Service</b> section<br/>Click <b>Physical Fitness</b><br/>Update using the <a href="#">Readiness FAQs</a> instructions</p> <p><b>Mail</b> your original <a href="#">PHS-7044</a> with signature to MAB<br/>Renew annually or earn an annual <a href="#">President's Challenge</a> award.</p>  | <p><b>Date of latest APFT:</b> _____</p> |
| <p><b>Annual Medical History</b></p> <p><b>5-yr Medical Exam</b></p>  | <p>Annual Medical Histories expire annually<br/><a href="#">Annual Medical History (DD2807-1)</a><br/><b>Mail</b> your original DD2807-1 to MAB</p> <p>Physical examinations expire every 5 years.<br/><a href="#">5-yr Medical Exam (DD2808)</a> and<br/><a href="#">5-yr Dental Exam (PHS-6355)</a></p> <p>Mail both Medical Exams only (no faxes) to:<br/>MAB<br/>8455 Colesville Road Ste 910<br/>Silver Spring, Maryland 20910</p>  |  |

|  |   |  |
|--|---|--|
| <p><b>Deployment Role</b></p>  | <p>Enter a Deployment Role:<br/>                 View those listed on your <a href="#">Direct Access</a> profile<br/>                 Under your <b>Self-Service</b> section select “My Profile” and then select the “Qualification Link”. Scroll down to the “Readiness Roles” section. Add a primary role and then subsequent Roles by following the guidance in the Direct Access Procedure Guide.</p> <p><b>Direct Access Procedure Guide:</b><br/> <a href="http://www.uscg.mil/ppc/phs/PHSSelfServiceProcedureGuide.pdf">http://www.uscg.mil/ppc/phs/PHSSelfServiceProcedureGuide.pdf</a></p> | <p>Deployment Role:<br/>                 _____</p>         |
| <p><b>License/Certification</b></p> <p>Required: current/valid/unrestricted professional license, certification, and/or registration appropriate for your category/discipline.</p> | <p>FAX your latest License/Certification to the Division of Commissioned Corps Personnel and Readiness (DCCPR).<br/>                 Ms. Darracott<br/>                 240-453-6037 (office)<br/>                 240-453-6142 (fax)</p>   | <p>License Expiration Date:<br/>                 _____</p> |

**Basic Readiness Compliance Checklist**  
**Required Training**

Reference document PERSONNEL POLICY MEMORANDUM ([PPM 07-001](#))

|  |                                 |                 |
|--|---------------------------------|-----------------|
| <b>STANDARD</b>  | <b>OFFICER’S RESPONSIBILITY</b> | <b>STANDARD</b> |
|  |                                 |                 |

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|---|--|---|
| <p><b>Online Training</b></p> <p>Complete each online readiness training module.</p> <p><b>Login to <a href="#">Responder e-Learn</a></b></p> | <p><b>Complete all 8 modules listed below:</b></p> <ul style="list-style-type: none"> <li>110 Disaster Response</li> <li>140 Preventive Medicine for Field Operations</li> <li>141 Health Consequences and Response</li> <li>142 Disaster Triage</li> <li>180 Infectious Disease Management</li> <li>182 Terrorism</li> <li>183 ABCs of Bioterrorism</li> <li>217 Safety and Security Awareness</li> </ul> <p><b>Complete all 4 FEMA EMI Courses:</b></p> <ul style="list-style-type: none"> <li>IS-100 Introduction to Incident Command System</li> <li>IS-200 ICS for Single Resources and Initial Action Incidents</li> <li>IS-700a National Incident Management System (NIMS),</li> <li>IS-800b National Response Framework (NRF), An Intro</li> </ul> | <p>Cross off as completed:</p> <ul style="list-style-type: none"> <li>110</li> <li>140</li> <li>141</li> <li>142</li> <li>180</li> <li>182</li> <li>183</li> <li>217</li> </ul><br><ul style="list-style-type: none"> <li>IS-100</li> <li>IS-200</li> <li>IS-700a</li> <li>IS-800b</li> </ul> |
|---|--|---|

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|--|---|---|
| <p><b>Clinical Currency</b></p> <p>If you select a Clinical Deployment Role within your Direct Access profile, you must document your Clinical Currency.</p> | <p>Login to your Direct Access profile to select a Clinical Roll (View the Deployment Role information above). Allow updates to occur and return to your <a href="#">OFRD profile</a> to enter your Clinical Currency</p> <ul style="list-style-type: none"> <li>➤ Under your <b>Deployment Roles</b> page</li> <li>➤ Enter your Clinical Hours</li> <li>➤ Click <b>Save</b></li> </ul> <p><b>Note:</b> 80 hours minimum required on an annual basis.</p> | <p>Total hours:</p> <p>_____</p> <p>_____</p> |
|--|---|---|

**Clinical Rolls:**

- EMT
- Optometrist
- Nurse Practitioner
- Therapist
- Nurse
- Veterinarian
- Physician Assistant
- Physician
- Dentist
- Mental Health
- Medical Technologist
- Pharmacist

**As seen on the OFRD website – Deployment Roles page:**

**Basic Readiness Compliance Checklist**  
**Required Immunizations**

**Immunization Questions: 301-427-3261/3262**

| STANDARD   | OFFICER'S RESPONSIBILITY  | STANDARD   |
|--|---|--|
| <p><b>Hepatitis A:</b></p> <p>2 immunizations, waiver, or a positive titer confirming natural or acquired immunity are acceptable proof of immunity.</p> | <p><b>FAX</b> all immunization to MAB 301-427-3433<br/>Using the <a href="#">MAB Fax Coversheet</a></p> | <p>Imz Date #1: _____</p> <p>Imz Date #2: _____</p> <p>or</p> <p>Positive Hep A Titer: __</p> <p>or</p> <p>Hep A Waiver: _____</p> |
|  |   |  |

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|--|---|--|
| <p><b>Hepatitis B:</b></p> <p>3 immunizations, waiver, or a positive titer confirming natural or acquired immunity are acceptable proof of immunity.</p>   | <p><b>FAX</b> all immunization to MAB 301-427-3433<br/>                 Using the <a href="#">MAB Fax Coversheet</a></p>  | <p>Imz Date #1: _____<br/>                 Imz Date #2: _____<br/>                 Imz Date #3: _____</p> <p>or</p> <p>Positive Hep B Titer: __</p> <p>or</p> <p>Hep B Waiver: _____</p>   |
| <p><b>MMR (Measles, Mumps and Rubella):</b></p> <p>2 MMR immunizations, waiver, or positive titers confirming natural or acquired immunity are acceptable proof of immunity.</p>   | <p><b>FAX</b> all immunization to MAB 301-427-3433<br/>                 Using the <a href="#">MAB Fax Coversheet</a></p> <p><b>Measles:</b> 2 MMR shots, positive titer or waiver<br/> <b>Mumps:</b> 1 MMR shot, positive titer or waiver<br/> <b>Rubella:</b> 1 MMR shot, positive titer or waiver</p> | <p>MMR #1: _____<br/>                 MMR #2: _____</p> <p>or</p> <p>Positive Measles Titer: __<br/>                 Positive Mumps Titer: __<br/>                 Positive Rubella Titer: __</p> <p>or</p> <p>Measles Waiver: _____<br/>                 Mumps Waiver: _____<br/>                 Rubella Waiver: _____</p> |
| <p><b>Tetanus/Diphtheria (TD):</b></p>   | <p><b>FAX</b> all immunization to MAB 301-427-3433<br/>                 Using the <a href="#">MAB Fax Coversheet</a></p> <p><b>Note:</b> TD expires every 10 years</p>  | <p>Imz Date: _____<br/>                 or Waiver: _____</p>   |
| <p><b>Varicella (chickenpox):</b></p> <p>2 immunizations, waiver, or a positive titer confirming natural or acquired immunity are acceptable proof of immunity.</p>  | <p><b>FAX</b> all immunization to MAB 301-427-3433<br/>                 Using the <a href="#">MAB Fax Coversheet</a></p>  | <p>Imz Date #1: _____<br/>                 Imz Date #2: _____</p> <p>or</p> <p>Positive Titer: _____<br/>                 or Waiver: _____</p>   |
| <p><b>Influenza (annual):</b></p> <p>Obtain an influenza vaccination annually before 31 December. Compliance with this requirement will be determined on 31 December of each year and not on the anniversary date of the officer's last influenza immunization. A waiver also meets the requirement.</p> | <p><b>FAX</b> all immunization to MAB 301-427-3433<br/>                 Using the <a href="#">MAB Fax Coversheet</a></p>  | <p>Imz Date: _____<br/>                 or</p> <p>Flu Waiver: _____</p>  |
| <p><b>Tuberculosis (TB) Screening:</b></p> <p>Two negative tuberculin skin test (TST) results no greater than 12</p>   | <p><b>FAX</b> all immunization to MAB 301-427-3433<br/>                 Using the <a href="#">MAB Fax Coversheet</a></p> <p><b>TB: Also Known As PPD</b></p>  | <p>Negative TST: _____<br/>                 Negative TST: _____</p> <p>or</p>  |

|   |  |  |
|---|--|--|
| <p>months apart or a single negative interferon-gamma release assay (IGRA) test (e.g., QuantiFERON-TB Gold Test) result is sufficient evidence of the absence of infection with Mycobacterium tuberculosis (TB) and no additional annual TB screening is required. In the absence of two negative TSTs within 12 months, the officer must continue annual TST screening until this requirement is met or obtain a single IGRA result.</p> <p>Officers demonstrating a history of positive TST results and who have submitted supporting documentation to the Office of Commissioned Corps Support Services, Medical Affairs Branch (MAB), indicating absence of active TB disease (i.e. medical evaluation including chest radiograph) are not required to comply with this TB screening requirement.</p> |  | <p>Negative IGRA: _____</p> <p>or</p> <p>Positive PPD Test: _____</p> <p>And</p> <p>Negative Chest Xray: _____</p> |
|---|--|--|

**\* MAB Fax Coversheet attached below\***

**\*President Challenge Instructions attached below\***



**Immunization Fax Coversheet**

**To:** Medical Affairs Branch  
(Immunology Data/Medical Record Review)  
**MAB Fax Number: 301-427-3433**

**A facsimile from**

**Name:** \_\_\_\_\_  
**PHS#:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

- *Do not call MAB to verify receipt of fax.*
- *Save your fax confirmation sheet for your record.*

**RE: Immunization documentation**

Number of Pages \_\_\_\_ ( including the cover sheet)

**Comments: (Circle the immunization(s) you are faxing to MAB)**

- PPD(TB) or Chest X-ray (CXR) REPORT FOR POSITIVE TB TEST
- TETANUS
- CHICKENPOX(VARICELLA) or POSITIVE TITER (LAB RESULTS)
- HEPATITIS A or POSITIVE TITER (LAB RESULTS)
- HEPATITIS B or POSITIVE TITER (LAB RESULTS)
- MMR or POSITIVE TITER (LAB RESULTS FOR MEASLES/RUBEOLA, MUMPS, AND RUBELLA)
- INFLUENZA
- COMMENTS:

This fax is intended only for the use of the person or office to whom it is addressed, and contains privileged or medically confidential information protected by law. All recipients are hereby notified that inadvertent or unauthorized dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please destroy the document and notify the medical affairs branch of the error.

## How to create and update your President's Challenge Account and join the USPHS Group:

Officers may join and complete the [President's Challenge](#) as a member of USPHS Group No. **13537**. The USPHS group is not a public group therefore, it cannot be found by searching for Groups on the President's Challenge website. This was done to prevent people, besides USPHS officers, from participating in the group. Enrolling into this group will eliminate the need to submit your required annual award certificate to the Readiness and Response Branch. **Officers are required to sign up using their PHS Serial Number as their UserID.** Additionally, it is advised that you update your profile by completing the first/last name fields, and enter an email address that is currently stored in Direct Access.

If officers have already joined the USPHS Group not using their PHS Serial Number as their UserID, they may correct this by contacting the President's Challenge Webmaster at the contacts listed on the website ([PC Contacts](#)). You may also update your profile by clicking "Account Settings" after logging into your account. Following this process will allow you to correct your information without losing your points or progress and allow Readiness and Response to track your annual awards electronically.

### Complete the following steps to create a new President's Challenge Account and join the USPHS Group:

- 1) Join the President's Challenge by visiting [www.presidentschallenge.org](http://www.presidentschallenge.org) and click "Register Now"
- 2) Create an individual account by clicking on the "Create an Individual Account" link.
- 3) Complete the **USERNAME** Field by entering your **PHS SERNO** (eg. 00045).
- 4) Enter and confirm your password.
- 5) Complete the security question fields and personal information fields.  
*Please enter your name and email address that is officially listed in Direct Access.*
- 6) Read and click that you agree with the terms and conditions.
- 7) Enter the verification code and click "Register" (You should receive a welcome email from the PC website).
- 8) Choose a Challenge (**Presidential Activity Lifestyle Award**) and click "Submit"  
*It is highly recommended that you choose the PALA challenge to ensure you meet the annual award requirements outlined in [PPM 04-003](#) and [MC PHS 377](#).*
- 9) Click on the "Group Icon".
- 10) Enter Group number **13537**.
- 11) A preliminary view of group will show then you click on Join this group.

### PALA Program Description:

Make physical activity and healthy eating a part of your everyday life. As an Adult, your physical activity goal is 30 minutes a day, at least five days a week. If you're under 18, your goal is 1 hour. Each week, you'll also focus on a healthy eating goal. There are eight to choose from, and each week you'll add a new goal while continuing with your previous goals. Meet your physical activity and healthy eating goals for six out of eight weeks, and you'll earn an award! When you're ready to push yourself harder, try the Presidential Champions challenge.