

# Office of Acquisition and Project Management Certifications Program

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## APPLICATION FOR CERTIFICATION/CERTIFICATION RENEWAL <select Program >

### PART A - EMPLOYEE INFORMATION

Name (Last, First, Middle initial) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Title, Series, Grade \_\_\_\_\_

Education: Please specify degree and major:

a. **Degree:** Associates: \_\_; Bachelors \_\_; Masters: \_\_; Doctorate: \_\_

b. **Major:** \_\_\_\_\_

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\_\_\_\_ **Experience:** Please specify month and year of entering duty as < >:

\_\_\_\_/\_\_\_\_

Other related certifications:

\_\_\_\_ Certified Federal Project Director: If certified under PMCDP, please indicate level: \_\_ and date of certification \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Certified COR: If a certified COR, please indicate level: \_\_ and date of certification \_\_\_\_/\_\_\_\_/\_\_\_\_

**Send all certificates for applicable courses and this completed and signed application to the SACM**

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**PART B – CERTIFICATION REQUIREMENTS**

**Experience:** Minimum of one year property experience. Please specify month and year of entry into the property field: \_\_\_\_\_/\_\_\_\_ Document one year of related experience:

**Training requirements:** Send all certificates for applicable courses below to the SACM

**IND 100 CONTRACT PROPERTY ADMINISTRATION AND DISPOSITION  
FUNDAMENTALS**

(Y/N) Actual course; \_\_\_\_\_Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_  
Course Title and Number of Training Hours

\_\_\_\_\_  
Course Provider

\_\_\_\_\_  
Date Complete

**IND 103 CONTRACT PROPERTY SYSTEMS ANALYSIS FUNDAMENTALS**

(Y/N) Actual course; \_\_\_\_\_Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_  
Course Title and Number of Training Hours

\_\_\_\_\_  
Course Provider

\_\_\_\_\_  
Date Complete

**CON100 SHAPING SMART BUSINESS ARRANGEMENTS**

(Y/N) Actual course; \_\_\_\_\_Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_

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Course Title and Number of Training Hours

\_\_\_\_\_ ; \_\_\_\_\_  
Course Provider Date Complete

## **CON 110 MISSION SUPPORT PLANNING**

(Y/N) Actual course; \_\_\_\_\_ Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_

\_\_\_\_\_ ; \_\_\_\_\_  
Course Provider Date Complete

## **CON 111 MISSION STRATEGY EXECUTION**

(Y/N) Actual course; \_\_\_\_\_ Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_

\_\_\_\_\_ ; \_\_\_\_\_  
Course Provider Date Complete

## **CON 112 MISSION PERFORMANCE ASSESSMENT**

(Y/N) Actual course; \_\_\_\_\_ Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_

\_\_\_\_\_ ; \_\_\_\_\_  
Course Provider Date Complete

## **CON 120 MISSION FOCUSED CONTRACTING**

(Y/N) Actual course; \_\_\_\_\_ Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_

\_\_\_\_\_ ; \_\_\_\_\_

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Course Provider

Date Complete

## **CON 101 BASICS OF CONTRACTING**

(Y/N) Actual course; \_\_\_\_\_ Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_  
Course Title and Number of Training Hours

\_\_\_\_\_  
Course Provider

\_\_\_\_\_  
Date Complete

## **CON 104 PRINCIPLES OF CONTRACT PRICING**

(Y/N) Actual course; \_\_\_\_\_ Date completed or Date Fulfillment Approved

**or Other**

\_\_\_\_\_  
Course Title and Number of Training Hours

\_\_\_\_\_  
Course Provider

\_\_\_\_\_  
Date Complete

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CERTIFICATION/CERTIFICATION RENEWAL REQUEST

MEMORANDUM FOR ACQUISITION CAREER MANAGER

FROM: APPLICANT  
TITLE  
OFFICE

SUBJECT: REQUEST FOR CERTIFICATION UNDER  
THE [INSERT APPROPRIATE PROGRAM]

**Applicant:**

Attached is my request for Level \_\_ certification in [Career Field Program] in accordance with the Acquisition Career Management Program, DOE Order 361.1.

I hereby certify that the contents of this certification package are true and accurate to the best of my knowledge.

\_\_\_\_\_ Date:  
Name and Signature of Applicant

**Supervisory Recommendation:**

I have reviewed the applicant's certification package and have interviewed [Applicant] regarding courses taken. [Applicant] meets all of the requirements for certification. His complete certification package, including course certificates is attached.

Based on my review of the package and interviews with [Applicant], I request that [Applicant] be certified to Level [insert requested certification level].

\_\_\_\_\_  
Name and Signature of Supervisor

**Site Acquisition Career Manager:**

I concur. [Applicant] has met the requirements and is to be considered Certified to Level [ ] in [Career Field Program]. A certificate will be issued in [Applicant's] name.

\_\_\_\_\_  
Name and Signature of Site Acquisition Career Manager