

Office of Acquisition and Project Management Certifications Program

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:**_____

_____ **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 3 years property experience. Please specify month and year of entry into the property field: ____/____ Please document related experience here:

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

IND 200 INTERMEDIATE CONTRACT PROPERTY ADMINISTRATION AND DISPOSITION

(Y/N) Actual course; ____Date completed or Date Fulfillment Approved **OR**

Course Title and Number of Training Hours

Course Provider

Date Complete

DEMILITARIZATION COURSE

Course Title and Number of Training Hours

Course Provider

Date Complete

PERSONAL PROPERTY AND NONPROLIFERATION COURSE

(Y/N) Actual course; ____Date completed or Date Fulfillment Approved **OR**

Course Title and Number of Training Hours

Course Provider

Date Complete

CON 214 BUSINESS DECISIONS FOR CONTRACTING

(Yes/No) Actual course; ____Date completed or Date Fulfillment Approved. If No,

Course Title and Number of Training Hours

Date Complete

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Course Provider

Date Complete

CON 216 LEGAL CONSIDERATIONS IN 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 217 COST ANALYSIS NEGOTIATION AND TECHNIQUES

(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