

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

Office of Acquisition and Project Management Certifications Program

Education: (Desired) 32 semester hours of undergraduate work with emphasis in business. Record here

Experience: Document an additional 2 years of Purchasing experience

TRAINING

Course Number	Course Name	How did you take it?	Date Completed	Number of CLPs
CON 110 or FCN 110	Mission Support Planning		MM/DD/YYYY	Digit < 40
CON 111 or FCN 111	Mission Strategy Execution		MM/DD/YYYY	Digit < 40
CON 112/FCN 112	Mission Performance Assessment		MM/DD/YYYY	Digit < 40
CON 120	Mission Focused Contracting		MM/DD/YYYY	Digit < 40

Office of Acquisition and Project Management
Certifications Program

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