



Department of Energy
Washington, DC 20585

MEMORANDUM FOR SITE ACQUISITION CAREER MANAGER

FROM:

SUBJECT: Request for COR Certification—

In accordance with DOE Order 361.1B, paragraph 4.B, the following application for COR certification is submitted, based on completion of the required minimum experience and training and my existing and/or pending COR appointment.

E-mail address: _____ Program Office: _____

Phone: _____ Duty Station (city/state): _____

I am _____ COR to a
or _____ under Contract/Solicitation number _____

1. Previous certification: _____ Date last issued or renewed: _____

2. Experience: _____ (Attach [COR Summary of Experience](#) form.)

*Acceptable experience: Performing contracting/acquisition-related activities such as performing market research; writing specifications, Statements of Work or Statements of Objectives; developing quality assurance surveillance plans; assisting the CO or COR as a subject matter expert (SME); and participating as a SME on a technical evaluation team. Limit entries to this information **only**, covering only the most recent 1 or 2 years of experience as required. Do not include or attach resumes.*

3. Training:

Hours of Training/Continuous Learning Points Required		
COR Level	Initial Certification	Renewal/ Recertification
I	8	8
II	40	40
III	60	40

For the list of acceptable training courses, see:

[http://energy.gov/sites/prod/files/ACMP %20Interim Guidance Rev Ch11 Partial ver4.pdf](http://energy.gov/sites/prod/files/ACMP%20Interim%20Guidance%20Rev%20Ch11%20Partial%20ver4.pdf)

Complete the following for initial (all Levels) and Level I renewal/recertification requests:

I have completed the following list of courses/activities/events¹:

Title:	Dates:	Hours:
Title:	Dates:	Hours:
Title:	Dates:	Hours:
Title:	Dates:	Hours:
Title:	Dates:	Hours:
Title:	Dates:	Hours:

The following applies to renewal/re-certification requests, Levels II & III only:

See attached COR Recertification Worksheet¹.

Supervisor/Program Manager Approval:

By my signature below, I certify that the applicant completed the above activities and/or experience for certification and recommend approval of this application.

Name:

Date

Title:

Site Acquisition Career Manager (SACM):

I have reviewed this application and its attachments. Approval _____ recommended.

This certification will be in effect for the 2-year period _____.

A request for renewal/recertification must be received by the ending date above to avoid a lapse in certification.

Name:

Date

Site Acquisition Career Manager

Attachments

¹Send copies of course certificates or proof of attendance at all entries to your [SACM](#)