

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

APPLICANT INFORMATION

Email Address _____

Phone _____

Agency Name _____

Agency Location _____

Series, Grade _____

CERTIFICATION REQUIREMENTS

(Place a check mark in the space to indicate you meet the certification requirements)

_____ **Education:** Baccalaureate degree OR at least 24 hours among accounting, law, business finance, contracts, purchasing, economics, industrial management, marketing, quantitative methods, and organization and management. Please specify degree and major:

Degree: Associates: __; Bachelors __; Masters: __; Doctorate: __

Major:

_____ **Experience:** Document a minimum of one year contracting experience (*SERIES 1102*). Please specify month and year of entry into the contracting field: _____/_____

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

FAC-C Level I TRAINING REQUIREMENTS

Course Number	Course Name	How did you take it?	Date Completed	Number of CLPs
CON100	Shaping Smart Business Arrangements	Choose an item.	11/13/2012	
CON 110 or FCN 110	Mission Support Planning	Choose an item.	Click here to enter a date.	
CON 111 or FCN 111	Mission Strategy Execution	Choose an item.	Click here to enter a date.	
CON 112/FCN 112	Mission Performance Assessment	Choose an item.	Click here to enter a date.	
CON 120	Mission Focused Contracting	Choose an item.	Click here to enter a date.	
Electives				
Performance Based Contracting		Choose an item.	Click here to enter a date.	