

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 \_\_\_\_\_

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**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 2 years of Contracting experience**

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

## FAC-C Level II TRAINING REQUIREMENTS

### TRAINING

<b>Course Number</b>	<b>Course Name</b>	<b>How did you take it?</b>	<b>Date Completed</b>	<b>Number of CLPs</b>
CON 214 or FCN 214	Business Decisions for Contracting		<b>MM/DD/YYYY</b>	<b>Digit &lt; 40</b>
CON 213 or FCN 215	Intermediate Contracting for Mission Support		<b>MM/DD/YYYY</b>	<b>Digit &lt; 40</b>
CON 216 or FCN 216	Legal Considerations in Contracting		<b>MM/DD/YYYY</b>	<b>Digit &lt; 40</b>
CON 217 or FCN 217	Cost Analysis and Negotiation Techniques		<b>MM/DD/YYYY</b>	<b>Digit &lt; 40</b>
CON 218	Advanced Contracting for Mission Support		<b>MM/DD/YYYY</b>	<b>Digit &lt; 40</b>
<b>Electives</b>				
Earned Value Management Minimum of 14.5 hours			<b>MM/DD/YYYY</b>	<b>Digit &lt; 40</b>
Financial Management Minimum of 12 hours				