



Department of Energy
Washington, DC 20585

MEMORANDUM FOR SITE ACQUISITION CAREER MANAGER

FROM:

SUBJECT: Application 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 (attached): _____ Date last issued or renewed: _____

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

Acceptable experience: Previous COR appointment(s); 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://www.fai.gov/pdfs/COR Training options FINAL Rev 1.pdf>

Initial Level I, II & III and Renewal Level I applicants complete the following; Level II & III recertifications, skip to the next section:

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:

Level II & III recertifications, complete the following; all others skip to the next section.

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

¹Attach copies of course certificates or proof of attendance for all entries. For recertifications, also attach copy of last COR certificate.