

Request to Add/Remove TQP Qualifying Official (QO) Designation

Control Number **OHCM-**

QO or Candidate (Print Name)	Date
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Requesting Supervisor (Print Name)	Supervisor (Signature)
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Add the following QO designation(s)
 Remove the following QO designation(s)

	Functional Area	Print "ALL" or List Applicable Competencies
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Addition or Removal of the QO Designation is based on the following event, qualification, training or expertise: *(Attach additional sheets if required)*

Comments

FTCA Concurrence (Print Name)	FTCA (Signature)	Date
AM/OD Approval (Print Name)	AM/OD (Signature)	Date
QO List Updated By (Print Name)		Date