

# Office of Acquisition and Project Management Certifications Program

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## CERTIFICATION/CERTIFICATION RENEWAL REQUEST

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

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## APPLICATION FOR <CERTIFICATION> / <RECERTIFICATION> (select one)

For \_\_\_\_\_

### PART A - EMPLOYEE INFORMATION

Name (Last, First, Middle initial) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Title, Series, Grade \_\_\_\_\_

Education: Please specify degree and major:

a. **Degree:** Associates: \_\_; Bachelors \_\_; Masters: \_\_; Doctorate: \_\_

b. **Major:** \_\_\_\_\_

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\_\_\_\_ **Experience:** Please specify month and year of entering duty as < >:

\_\_\_\_/\_\_\_\_

Other related certifications <enter data as it applies>:

\_\_\_\_ Certified Federal Project Director: level: \_\_ and date of certification \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Certified COR: level: \_\_ and date of certification \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Certified 1102 Contracting: level: \_\_ and date of certification \_\_\_\_/\_\_\_\_/\_\_\_\_

**Send all certificates for applicable courses and this completed and signed application to the  
SACM**

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## CERTIFICATION REQUIREMENTS for TPO LEVEL I

	Date completed
<input type="checkbox"/> FEDERAL FINANCIAL ASSISTANCE —or— <input type="checkbox"/> INTRODUCTION TO GRANTS AND COOPERATIVE AGREEMENTS FOR FEDERAL PERSONNEL AND UNIFORM ADMINISTRATIVE REQUIREMENTS	1T
<input type="checkbox"/> MONITORING GRANTS AND COOPERATIVE AGREEMENTS FOR FEDERAL PERSONNEL	1T