HHS Federal Acquisition Certification/Specialization

Applicant Name:

Acquisition Discipline (Certification or Specialization):

Level:

In support of my certification request, I have included the following for your review:
1. Experience Transcript/Resume (Templates may be required)
2. College Transcript (If applying for FAC-C or LCP)
3. Training History

Visit the **Office of Acquisition Workforce** website to find certification policies, which explain the certification's specific education, training, and experience requirements. Additionally, the HHS Federal Acquisition Certification/ Specialization Form FAQs provides additional guidance on what must be included with this form.

I certify that the information contained in this package represents a true and accurate record of my experience.

Date   Applicant Name and Signature

Supervisor Endorsement:

I have reviewed the attached resume and the information is accurate to the best of my knowledge. I understand the requirements to earn this certification/specialization and the applicant has the appropriate years of experience (progressively responsible work experience that builds on experiences gained as part of any previously awarded certification level) and has attained the depth and breadth of knowledge necessary to be awarded this certification/specialization. Applicant is in a current status for their Continuous Learning Achievement requirements and is fully qualified to perform at this level. Therefore, I recommend certification/specialization.

Date   Supervisor Name and Signature

Supervisor Remarks (optional):

Bureau Review:

Applicant meets the certification/specialization requirements.

Date   Bureau Acquisition Career Manager (BACM) Name and Signature

BACM Remarks (optional):

Agency Review:

Applicant meets certification/specialization requirements.

Date   Agency Acquisition Career Manager (ACM) Name and Signature

ACM Remarks (optional):