

WORKSHOP 9 - Organizational Conflicts of Interest

__ Actual course ____ Equivalent Course _____
(Date completed) (Course name, Date Completed, Provider)

WORKSHOP 10 - Performance-Based Statements of Work

__ Actual course ____ Equivalent Course _____
(Date completed) (Course name, Date Completed, Provider)

WORKSHOP 12 – Interagency Agreements with DOE Laboratories and Other Federal Agencies (Only required for PMs assigned to DOE Laboratory Agreements)

__ Actual course ____ Equivalent Course _____
(Date completed) (Course name, Date Completed, Provider)

ADDITIONAL REQUIRED COURSES - FAC-COTR CERTIFICATION:

WORKSHOP 3 - Developing Proposal Evaluation Factors

__ Actual course ____ Equivalent Course _____
(Date completed) (Course name, Date Completed, Provider)

WORKSHOP 4 - Source Evaluation Panel Procedures

__ Actual course ____ Equivalent Course _____
(Date completed) (Course name, Date Completed, Provider)

WORKSHOP 5 - Negotiation of Project Terms and Conditions

__ Actual course ____ Equivalent Course _____
(Date completed) (Course name, Date Completed, Provider)

CLC004 MARKET RESEARCH

__ Actual course ____ Equivalent Course _____
(Date completed) (Course name, Date Completed, Provider)

PROJECT MANAGEMENT METHODOLOGY (ONLY REQUIRED FOR PMs ASSIGNED TO INFORMATION TECHNOLOGY PROJECTS)

__ Actual course ____ Equivalent Course _____
(Date completed) (Course name, Date Completed, Provider)

PART C – SIGNATURES

Applicant's Signature _____ Date _____

Supervisor's Endorsement:

I recommend the above individual for FAC-COTR certification.

Name _____ Signature _____ Date _____

ACM Approval:

I concur with the above recommendation for FAC-COTR certification.
FAC-COTR is hereby granted.

Name _____ Signature _____ Date _____