

Attachment IX **Federal Acquisition Certification - Contracting Level II**

**PART A - EMPLOYEE INFORMATION**

Name \_\_\_\_\_

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

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

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

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

---

**PART B – CERTIFICATION REQUIREMENTS**

\_\_\_\_\_ **Education:** Baccalaureate degree or at least 24 hours among accounting, law, business finance, contracts, purchasing, economics, industrial management, marketing, quantitative methods, and organization and management.  
(Provide a copy College Transcript showing completed education requirement)

\_\_\_\_\_ **Experience:** Minimum of two-years of contracting experience (SERIES 1102).  
(Provide copy of Resume detailing experience)

**Training requirements:** Include copies of all certificates or approved fulfillment forms for applicable courses with application request.

**Method of Completion** - (Check appropriate space and complete applicable information). For course equivalencies, see Appendix D of the DAU Catalog (<http://www.dau.mil/catalog/>).\*

\_\_\_\_\_ **CON 202 INTERMEDIATE CONTRACTING** or \_\_\_\_\_ **Date Fulfillment Approved**

Date Completed \_\_\_\_\_

Course Provider \_\_\_\_\_

Or \_\_\_ **Equivalent course(s)\*** \_\_\_\_\_  
(Course name, Course Provider, and Date completed)

\_\_\_\_\_ **CON 204 INTERMEDIATE CONTRACT PRICING**

Date Completed \_\_\_\_\_

Course Provider \_\_\_\_\_

Or \_\_\_ **Equivalent course\*** \_\_\_\_\_  
(Course name, Course Provider, and Date completed)

\_\_\_\_\_ **CON 210 GOVERNMENT CONTRACT LAW**

Date Completed \_\_\_\_\_

Course Provider \_\_\_\_\_

Or \_\_\_ **Equivalent course\*** \_\_\_\_\_  
(Course name, Course Provider, and Date completed)

Attachment IX **Federal Acquisition Certification - Contracting Level II**

**Level II Conversion Matrix**

<b>If Completed</b>	<b>Required to Take</b>	<b>Recommended to Take</b>
202	216, 217 & 218	214
204	214, 215, 216 & 218	217
210	214, 215, 217 & 218	
202 & 204	216 & 218	214 & 217
202 & 210	217 & 218	214
204 & 210	214, 215 & 218	217

**ELECTIVES** (Electives for the requested certification level must have been completed within the previous five (5) years, be a minimum of 16 hours, and may not be used for more than one certification level).

\_\_\_\_\_  
(Course name & hrs) (Course Provider) (Date)

\_\_\_\_\_  
(Course name & hrs) (Course Provider) (Date)

**Previously held certification from another Federal agency.** (*Attach a copy of certification*)

• **Name of Agency:** \_\_\_\_\_

• **Date Certification Issued:** \_\_\_\_\_

**PART C – SIGNATURES**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor's Endorsement:** I recommend the above individual for certification at Level II.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Component ACM:** I have reviewed and concur with the supervisor's recommendation for the above individual to be certified at Level II.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**BPC Approval:** I approve the above individual for certification at Level II.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Attachment IX **Federal Acquisition Certification - Contracting Level II**

**PART A - EMPLOYEE INFORMATION**

Name \_\_\_\_\_

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

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

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

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

---

**PART B – CERTIFICATION REQUIREMENTS**

\_\_\_\_\_ **Education:** Baccalaureate degree or at least 24 hours among accounting, law, business finance, contracts, purchasing, economics, industrial management, marketing, quantitative methods, and organization and management.  
(Provide copy College Transcript showing completed education requirement)

\_\_\_\_\_ **Experience:** Minimum of two-years contracting experience (SERIES 1102).  
(Provide copy of Resume detailing experience)

**Training requirements:** Include copies of all certificates or approved fulfillment forms for applicable courses with application request.

**Method of Completion** - (Check appropriate space and complete applicable information). For course equivalencies, see Appendix D of the DAU Catalog (<http://www.dau.mil/catalog/>).\*

**CON 214 BUSINESS DECISIONS FOR CONTRACTING** or \_\_\_\_\_ **Date fulfillment approved**  
Date Completed \_\_\_\_\_

Course Provider \_\_\_\_\_

Or \_\_\_ **Equivalent course** \_\_\_\_\_  
(Course name, Course Provider, and Date completed)

**CON 215 INTERMEDIATE CONTRACTING FOR MISSION SUPPORT** or \_\_\_\_\_ **Date fulfillment approved**  
Date Completed \_\_\_\_\_

Course Provider \_\_\_\_\_

Or \_\_\_ **Equivalent course** \_\_\_\_\_  
(Course name, Course Provider, and Date completed)

**CON 216 LEGAL CONSIDERATIONS IN CONTRACTING** or \_\_\_\_\_ **Date fulfillment approved**  
Date Completed \_\_\_\_\_

Course Provider \_\_\_\_\_

Or \_\_\_ **Equivalent course** \_\_\_\_\_  
(Course name, Course Provider, and Date completed)

**CON 217 COST ANALYSIS AND NEGOTIATION TECHNIQUES** or \_\_\_\_\_ **Date fulfillment approved**  
Date Completed \_\_\_\_\_

Course Provider \_\_\_\_\_

Or \_\_\_ **Equivalent course** \_\_\_\_\_  
(Course name, Course Provider, and Date completed)

Attachment IX **Federal Acquisition Certification - Contracting Level II**

CON 218 ADVANCED CONTRACTING FOR MISSION SUPPORT or \_\_\_\_\_ Date fulfillment approved  
 Date Completed \_\_\_\_\_  
 Course Provider \_\_\_\_\_

Or  Equivalent course \_\_\_\_\_  
 (Course name, Course Provider, and Date completed)

**Level II Conversion Matrix**

If Completed	Required to Take	Recommended to Take
202	216, 217 & 218	214
204	214, 215, 216 & 218	217
210	214, 215, 217 & 218	
202 & 204	216 & 218	214 & 217
202 & 210	217 & 218	214
204 & 210	214, 215 & 218	217

**ELECTIVE** (Electives for the requested certification level must have been completed within the previous five (5) years, be a minimum of 16 hours, and may not be used for more than one certification level).

\_\_\_\_\_  
 (Course name & hrs) (Course Provider) (Date)

\_\_\_\_\_  
 (Course name & hrs) (Course Provider) (Date)

**Previously held certification from another Federal agency.** *(Attach a copy of certification)*

- **Name of Agency:** \_\_\_\_\_
- **Date Certification Issued:** \_\_\_\_\_

**PART C – SIGNATURES**

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor’s Endorsement:** I recommend the above individual for certification at Level II.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Component ACM:** I concur with the supervisor’s recommendation for the above individual for certification at Level II.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**BPC Approval:** I approve the above individual for certification at Level II.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_