

## CAREER PROGRAMS 13, 17, AND 24 TRAINING APPLICATION

This form is used to submit a request for funding of training under the Army Civilian Training, Education, and Development System (ACTEDS) CP- 13/17/24 Competitive Professional Development (CPD) program. The CPD program is administered by the Logistics Proponency Office, Fort Lee and Fort Eustis, VA. POCs are: CP13, cml: (804) 765-4778, DSN 539-4778; CP17, cml: (804) 765-4775, DSN539-4775; CP24, cml: (757) 878-6107 (DSN 826-6107). E-mail: [eustis.cpd.program@conus.army.mil](mailto:eustis.cpd.program@conus.army.mil)

**\* This form must be complete before final submission to the career program representatives.**

Last Name:		First Name:			
SSN:		PP/Series/Grade:			
Gender (Optional):		Career Program:			
Applicant Job Title					
Position ACQ work force? Check One:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Major Command (MACOM): If there is no MACOM insert organization address)					
Applicant Official Address:					
Applicant Email:		Work Telephone	Commercial: DSN:		
		Work FAX	Commercial: DSN:		
Title of Training:					
Name of Training Organization or Institution:					
Location and Address of Training:					
Dates of Training:	Begin:	End:	Total Days:		
Type of Training- Check One:	<input type="checkbox"/> Long Term – Over 120 days	<input type="checkbox"/> Short Term – 120 Days or Less	<input type="checkbox"/> University	<input type="checkbox"/> OSD Fellows	<input type="checkbox"/> Other-Write in name
Costs of Training – The travel and per diem are based on JTR Vol. 2:	Registration / Tuition / Books: (University Training attach the Academic Plan)	Cost of air or ground travel to training:	JTR daily lodging authorized	JTR daily meal cost authorized	
		Cost of local transportation:			
Notes:	<ul style="list-style-type: none"> <li>• <b>For training over 30 days, per diem is provided at 55%.</b></li> <li>• <b>Developmental assignments and Training-with-Industry (TWI)</b> requires completion of an individual training plan outlining all training and justifying any travel during the training. This is required before the applicant begins the training assignment. Travel during training is only approved if it is in this plan. A sample is available from your CP 13/17/24 program manager. <b><u>LTT/TWI applications must include a two-page resume and your last 3 appraisals.</u></b> Your supervisor must provide an evaluation plan to the training supervisor and the packet must be endorsed from the organization (commander/director) on organization letterhead.</li> <li>• <b>University Training:</b> Applicants for University Training must submit an application packet containing the following documents:           <ol style="list-style-type: none"> <li>1. Acceptance letter from an accredited institution</li> <li>2. Academic Plan (form available from program manager)</li> <li>3. Application for ACTEDS Training Opportunities</li> <li>4. SF 181, Race and National Origin Identification</li> </ol> </li> <li>• An <b>Agreement of Continuation in Service</b> must be completed before assignment of LTT, TWI and University Training. Form is available from applicable program manager.</li> </ul>				

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<b>Nominee's Statement of Interest</b>			
Purpose of Training - The Nominee's Statement of Interest: Enter no more than 300 characters in this block.	Training is selected to support the following leadership or management skills and supports the Army/organization mission in the following way:		
<b>Supervisor's Utilization Plan and Rating</b>			
The Supervisor's Utilization Plan – How improved skills are going to be utilized on the job and/or for the Army: 300 characters.			
Rating on last three evaluations:	Date:  Rating:	Date:  Rating:	Date:  Rating:
		Commercial: DSN:	
Supervisor Printed Name	Supervisor Signature and Date	Supervisor Telephone	Supervisor Email
<b>Activity/Regional Career Program Manager (ACPM/RCPM)</b>			
To what extent is training appropriate to the employee's occupation at this stage in his/her career?			
<input type="checkbox"/> Not Appropriate	<input type="checkbox"/> Desirable	<input type="checkbox"/> Important	<input type="checkbox"/> Critical
ACPM/RCPM Comments/Reason for Rating:			
ACPM/RCPM Printed Name		ACPM/RCPM Signature and Date	
<b>Command Career Program Manager (CCPM) Concurrence/Comment</b>			
Enter comments approving or denying request			
	CCPM Printed Name:		
	CCPM Signature and Date:		