



Basic Certification Information	
<b>Certification Name</b>	
<b>Certifying Body</b> <i>(i.e., who offers the certification)</i>	
<b>Requirements of this certification</b> <i>(Check all that apply.)</i>	<input type="checkbox"/> Required Training <input type="checkbox"/> Suggested Training <input type="checkbox"/> Graded Project/Portfolio <input type="checkbox"/> Exam(s) <input type="checkbox"/> Other (please specify):
<b>Where did you find the information on these requirements?</b> <i>(Check all that apply and provide relevant contact information for whichever box(es) you choose)</i>	<input type="checkbox"/> Website: <input type="checkbox"/> Spoke to a Representative <i>(provide name and contact info in space below)</i> <input type="checkbox"/> Other:
Initiating Manager/Supervisor or Subject Matter Expert (SME) Rationale	
<b>What is the training need in your agency?</b>	
<b>How will this certification fill that need?</b>	
<b>Why is this certification being chosen over other certifications?</b>	
<i>I, as the requesting manager/supervisor and/or SME, certify that the above information is accurate and true to the best of my knowledge.</i>	
Name (Print): _____	Title: _____
Division: _____	Agency/Unit: _____
Email: _____	Phone: _____
Signature: _____	Date: _____
Agency HR Review and Approval	
<i>I certify that agency HR has reviewed the above information and has obtained appropriate agency approval to submit this certification for review regarding a discretionary increase under the Pay Plan Policy (DOP-P12).</i>	
Name (Print): _____	Title: _____
Signature: _____	Date: _____
DOP USE ONLY	
<b>Received By:</b> _____	<b>Date Stamp</b>