



**DEPARTMENT OF THE NAVY**

BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 3502.1A CH-1  
BUMED-M09B16  
20 Oct 2010

BUMED INSTRUCTION 3502.1A CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery

To: All Internal BUMED Codes

Subj: BUREAU OF MEDICINE AND SURGERY TRAINING AND DEVELOPMENT PROGRAM

Ref: (a) CNO Washington DC 170135Z MAR 10 (NAVADMIN 098/10)

Encl: (1) Revised pages 1 and 2 of the basic instruction  
(2) Revised page 1 of Enclosure (1) of the basic instruction

1. Purpose. To revise the general military training (GMT) requirements, per reference (a).
2. Actions. Remove pages 1 and 2 of the basic instruction and replace with enclosure (1) of this change transmittal. Remove page 1 of enclosure (1) of the basic instruction and replace with enclosure (2) of this change transmittal.
3. Retain. For record purposes, keep this change transmittal in front of the basic instruction.

A handwritten signature in black ink that reads "D. L. Hammell".

D. L. HAMMELL  
Chief of Staff  
Interim

Distribution is electronic only via the Navy Medicine Web site at:  
<http://www.med.navy.mil/directives/Pages/BUMEDHQInstructions.aspx>



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Subj: BUREAU OF MEDICINE AND SURGERY TRAINING AND DEVELOPMENT PROGRAM

Ref: (a) 5 CFR Part 410  
(b) Joint Federal Travel Regulations (JFTR) and Joint Travel Regulations (JTR)  
(c) ASN(M&RA) Memo of 3 May 2004, Subj: Command Implementation Policy for Academic Degree and Professional Credentials Payment (NOTAL)  
(d) OPNAVINST 1500.22F  
(e) BUMEDNOTE 12410 of 2 Nov 2007  
(f) CNO Washington DC 170135Z MAR 10 (NAVADMIN 098/10)

Encl: (1) Headquarters Policy for Staff Training and Development Program  
(2) NKO Guide

1. Purpose. To establish Bureau of Medicine and Surgery (BUMED) training policy for Headquarters (HQ) personnel to ensure maximum performance of employees and to increase organizational productivity. Training programs will be systematically planned, identified, programmed, and budgeted to meet current and anticipated development needs of HQ staff. BUMED's training and development plan will be consistent with Department of Defense (DoD), Department of the Navy (DON), and Office of Personnel Management (OPM) policies, along with references (a) through (d). Per reference (e), internal training is conducted via Navy Knowledge Online (NKO). Enclosure (1) is the HQ policy for staff training and development. The NKO Guide, enclosure (2), is also available at: <http://www.nko.navy.mil>.

2. Cancellation. BUMEDINST 3502.1.

3. Discussion. Staff training and development are essential in maintaining a competent and effective work force capable of carrying out the BUMED mission. Professional and personal growth is an ongoing process which helps staff members perform their duties and responsibilities more effectively and gain a feeling of personal satisfaction. It is the intent of the training office to establish procedures towards providing training opportunities to experience personal and professional growth for all staff members.

4. General Military Training (GMT). GMT is an integral part of the Navy Leadership Training Continuum, reference (f) established revised procedures. This training is an important mechanism for emphasizing leadership responsibilities and core values at all levels for officer and enlisted personnel. GMT will be conducted on a monthly basis and all hands are encouraged to attend. Civilian personnel are also encouraged to attend. Completion of training for each code will be monitored by the GMT Coordinator.

5. Forms

a. General Services Administration form SF 182 (Revised December 2006), Authorization, Agreement, and Certification of Training, is available electronically at: <http://www.gsa.gov/portal/forms/type/SF>. Leave field "2. Social Security Number," in Section A blank.

b. The following Bureau of Medicine and Surgery forms are available electronically from the "Forms" tab at: <http://navymedicine.med.navy.mil/default.cfm?selTab=Directives>:

- (1) BUMED 3502/1 (Rev. 11-2007), Vendor Selection Worksheet.
- (2) BUMED 3502/3 (11-2007), Training Evaluation.

  
D. L. HAMMELL  
Chief of Staff  
Interim

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BUMEDINST 3502.1A  
10 Jun 2008

**HEADQUARTERS POLICY FOR STAFF  
TRAINING AND DEVELOPMENT PROGRAM**

Enclosure (1)

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**HEADQUARTERS POLICY FOR STAFF TRAINING  
AND DEVELOPMENT PROGRAM**

1. Responsibilities. Responsibilities for employee training and development are as follows:

a. Training Officer (BUMED-M09B16)

(1) Analyzes the training requirements of BUMED which includes conducting an Annual Training Survey.

(2) Assists with scheduling BUMED personnel at interagency training and training at non-government facilities.

(3) Provides guidance and assistance on training and development matters to military and civilian personnel.

(4) Tracks training requests, attendance, and completion. Courses not recognized by the Defense Medical Human Resources System internet (DMHRSi) codes require a copy of course completion record for documentation.

(5) Announces in-house courses and courses sponsored by the Human Resource Service Center (HRSC)-NW Region and other Government agency courses that are relevant to the training plan of BUMED.

(6) Conducts training meeting with BUMED-M09B as needed.

(7) Processes the Authorization, Agreement, and Certification of Training (SF 182) and performs official registration for all training.

b. Managers and Supervisors

(1) Each single-digit code will appoint one or more training representatives to maintain staff training records and issue training information.

(2) Define training requirements for the positions over which they are cognizant.

(3) Provide input to BUMED-M09B16 on training plan during mid-year review and annually.

(4) Ensure SF 182s are forwarded to BUMED-M09B16 at least 4 weeks before scheduled training.

(5) Notify BUMED-M09B16 if an emergency arises and attendance of an employee at training is not possible, and designate an alternate trainee, if necessary.

(6) Provide on-the-job training.

(7) Conduct first-level counseling of employees in career development.

c. Staff

(1) Attends and/or successfully completes all mandatory training and all other training that has been requested, approved, and scheduled.

(2) Notifies the supervisor if an emergency arises and attendance at training is not possible.

(3) Notifies the training officer 1 week before training, if confirmation or copies #1 and #2 of the SF 182 are not received.

(4) Provides evaluation of training resources by completing copy #2 of the SF 182 and the NAVMED 3502/3.

(5) Participates in the Annual Training Assessment.

d. Employee Development Department, HRSC-NW Region

(1) Provides training staff resources to provide timely, responsive, and professional assistance to management.

(2) Ensures compliance with required training actions prescribed by references (a) and (b) and other governing laws and directives.

(3) Provides professional assistance and counseling to employees and management officials.

(4) Records completed training for civilian employees into official training records.

2. Annual Training Plan (ATP)

a. Definition. A plan which includes all authorized activity-wide training and associated costs for the fiscal year.

b. An ATP must be published by BUMED-M09B16 based on an annual training needs survey and mandatory training. This will be established and published at the beginning of each fiscal year (reference (e) is the current year's plan).

c. Systematic Needs Assessment Process. Employees and supervisors will determine training needs by considering individual and command requirements. Focus should be on identified needs with respect to command mission; systems acquisition; technology changes; increased program management responsibilities; equipment purchase and repair requirements; and career programs.

### 3. Procedures for Submitting an SF 182

a. Employees and supervisors are responsible for the timely submission of SF 182s and *all* supporting documentation *including completed registration forms*. Reference (a), appendix H, requires an SF 182 be *typed* and signed by the supervisor; BUMED requires it also be signed by the executive assistant in block 2A, and forwarded to BUMED-M09B16. BUMED-M09B16 will acquire the signatures of the fiscal officer (Comptroller), and the authorizing official (Director for Headquarters Administration (DFA)), *before* attendance at training, regardless of training costs or location.

b. SF 182 is also used for requesting, approving, and certifying payment for attendance at meetings, conferences, seminars, and symposia where the primary purpose is to train an employee to meet a performance improvement related need or to maintain a certification.

c. BUMED-M09B16 is responsible for registration of all personnel. Failure to comply may result in a personal liability to the attendee.

d. To ensure timely registration for training, BUMED personnel should forward the SF 182 to BUMED-M09B16 at least 4 weeks before the beginning of training. See Appendix A of this enclosure for instructions on completing the SF 182.

e. The SF 1164 (Claim for Reimbursement for Expenditures on Official Business) is not to be used in lieu of the SF 182. An approved SF 182 *and* a memo stating why the document is after the fact must support claims made on SF 1164 for training fees.

f. The trainee must complete blocks A and B at the top of the SF 182 and Sections A through E, *including course codes*. Detailed instructions for completing SF 182 are in Appendix A of this enclosure.

g. On-line BUMED-specific Authorization, Agreement, and Certification of Training (SF 182). The form is located on the Navy Medicine Web site under the Forms tab and *must* be used vice handwritten. Once you have keyed your information, print both pages and forward to the appropriate personnel. A Sample Outgoing Mail Record (OMR) is also provided with the training form.

#### 4. Provisions and Requirements

a. General. DOD 1400.25-M, Civilian Personnel Manual, Subchapter 410, (under revision), can be found at: <http://www.cpms.osd.mil/forms/cpm/cpmlistings.aspx?by=chapter> delegates BUMED's authority to approve and pay for licenses and professional credentials. Payment for licenses should reflect workforce requirements clearly aligned with the activity's mission and strategic objectives. Per reference (d), BUMED will:

(1) Establish an annual activity training plan that is aligned with strategic organizational goals and objectives.

(2) Where budget flexibilities allow, resource for licenses and professional credentials on an annual basis.

(3) Communicate the availability of funding for payment of licenses and professional credentials throughout the command. BUMED may specify eligible professional credentials, cost limits, institution, applicant requirements, or other criteria to align with mission and resources.

(4) Establish a process so that approval for payment is obtained by the employee prior to the application for license or professional credentials. If funding is limited, ensure that competitive procedures are used to select employees in accordance with Merit System Principles.

(5) Payments shall be made using the Government Purchase Card in advance of the requirement.

#### b. Financial Assistance and Time Allowed

##### (1) General Information

(a) Payment of expenses for training or attendance at meetings and conferences may include: salary, tuition, registration fee, travel, per diem, parking fee, and approved related costs.

(b) Training funds can be used to support attendance only when professional meetings and conferences are the primary source of the enhancement of job-related knowledge and skills.

(c) Civilian employees attending training are prohibited from receiving overtime pay for the period of training, unless covered by one of the exceptions in reference (a).

(d) When training is conducted within the commuting area, the cost for the mileage between the training location and BUMED or the training location and home which ever is less may be reimbursed for training attended during duty hours. Reimbursement is based on the

availability of funds as certified by BUMED-M09B and the executive assistants. Metro Cards are available from BUMED-M09B1 (Administrative Services Branch) for employees who desire to use this option if the training site is near a Metro facility. Employees shall be allowed a reasonable amount of time to travel to and from classes and meetings.

(2) Training Through Non-Government Facilities

(a) When Government training facilities are not available, (i.e., space capability, physical locations, more costly) non-Government facilities may be used. Selection of the non-Government facilities must follow references (a) and (b).

(b) Merit procedures will be followed when considering and selecting civilian employees for training in a non-Government facility where promotion opportunities are involved.

(c) Normally, civil service employees (including temporary, intermittent, etc.) with less than one year of continuous service, will not be selected for training in non-Government facilities, unless the training is in the best interest of BUMED, and the newly acquired skills will be used after training. If training of an employee is necessary for mission accomplishment, a request for waiver, in duplicate, must be sent through the approval chain to BUMED-M09B. If approval is granted, an SF 182 will be issued by the individual with a copy of the approval attached.

(d) The amount of civilian employee training in non-Government facilities may not exceed 1 year (2087 hours) for every 10 years of Government service. BUMED-M09B may waive this limitation, not to exceed 2 years. Requests for waivers must be made following reference (a).

(e) The purchase of required textbooks, materials, and supplies specific to the training incident, may be paid by BUMED. However, books purchased by the command are Government property, and employees may be required to send them to BUMED-M09B16 at the conclusion of the course.

(f) Before BUMED civilian employees can be assigned to training in non-Government facilities outside the United States, the Director of the Office of Personnel Management (OPM) must grant approval. In addition, a foreign training facility must not be used until the facility has been specifically designated as eligible to provide training for employees of DOD by the Assistant Secretary of Defense (Manpower, Installations, and Logistics).

(g) Supervisors may be flexible in adjusting work hours for employees who need courses, which are only offered during the day. However, any deviation from the normal work schedule must be requested and approved in writing. These requests will be handled on a case-by-case basis and, at a minimum, will require the endorsement of the supervisor and the approval of the respective deputy.

c. Failure to Complete Course or Unsatisfactory Grade

(1) Employees who fail to receive a satisfactory grade, or fail to complete courses financed by BUMED, will be required to reimburse the Government for the cost of the training. Satisfactory grades (normally a "C") will be defined following the standards of the institution attended. A copy of grade report *must* be forwarded to BUMED-M09B16 within 5 workdays of receipt of a grade report and before attending another course.

(2) In some cases, situations beyond the employee's control may justify withdrawal or an unsatisfactory grade. Employees may request a waiver from payment in writing within 30 days of official ending date of class. Requests for waivers must be made in writing, providing complete justification, via the supervisory chain to BUMED-M09B16 for approval or disapproval. The decision document will be forwarded to the HRSC-NW Region Employee Development Department, for notification of the employee.

(3) Although civilian employees may be disciplined for failure to complete a training assignment, supervisors must contact the HRSC-NW Region Employee Development Department and Employee Labor Management Relations Department, to obtain procedural and regulatory guidance before taking any action.

d. Acceptance of Contributions, Awards, and Payments. Employees may be authorized to accept contributions, awards, or payment, in cash or in kind for training in non-Government facilities. To ensure all offers of contributions, awards, or payments falling within the scope of this instruction are reviewed, processed, and approved, before their actual acceptance, staff will advise their supervisors of any such offers received directly from a Government (Federal, State, county, or municipal) or non-Government source.

e. Long-Term Training and Education

(1) Long-term training is defined as full-time training away from the job, for periods lasting more than 120 consecutive days. A full-time program at a university is normally at least 12 credit hours. Long-term training is generally limited to 1 year.

(2) If long-term training is offered to civilian employees at BUMED, information will be publicized. The selection of participants will be based on fair and equitable considerations and will comply with reference (b).

f. Agreement to Continue in Service

(1) Agreement Required. Civilian employees scheduled to attend Government or non-Government training in excess of 80 hours or more in a single program for which BUMED or DON pays all or part of the costs, must sign the Continued Service Agreement, pages 4 and 5 of the SF 182. This agreement, which must be entered into before actual assignment to the training,

requires the civilian employee to remain with the DON following completion of the training. When BUMED pays both the employee's salary and other costs, the employee must agree to continue in service for a period at least equal to three times the length of the training period.

(2) Failure to Fulfill Service Agreement

(a) The service obligation of civilian employees who transfer to other Government agencies will be transferred automatically to their new agency. Employees who voluntarily separate from Government employment, before the expiration of the continued service period, are required to repay the Government all, or part, of the non-salary expenses for the training.

(b) Civilian staff who complete long-term training in a non-Government facility, and plan to separate from the Government before completing their service obligation, must notify HRSC-NW Region in writing at least 21 calendar days before their planned separation. Failure to do so may obligate the employee to repay the activity in full for all non-salary costs associated with training in the non-Government facility. The notification, giving a complete justification for failure to complete the service agreement, will be sent through the supervisory chain and BUMED-M09B16 to BUMED-M09B, who will make all final decisions on waiver requests. Employees, who comply with the 21-day notification stipulation, may be considered for a waiver. The repayment rate is based on the amount of remaining obligated service.

(c) When repayment has not been waived and cannot be secured directly from the employee, action will be taken to recover the funds.

(d) Repayment will not be required of an employee who enters on active military duty under those circumstances that permit restoration rights.

g. Required DON Training. All staff must receive training in the following areas yearly:

(1) Command Orientation. (Once at each Command.)

(2) Security.

(3) Safety and Health.

(4) AIDS/HIV.

(5) Computer Security.

(6) Standards of Conduct/Ethics.

(7) Required training for staff having specific responsibilities in the following areas:

(a) Supervisory Training. 40 hours (20 hours in personnel area) required for all new supervisors, during the probationary period. Four hours of annual Equal Employment Opportunity (EEO) training is required for all supervisors, military and civilian.

(b) Executive and Management Development. Focus is on the development of managers, executives, and candidates for management positions, and is strongly encouraged.

(c) EEO Training. Required for deputy EEO officers, special emphasis program managers, investigators, EEO counselors, and other EEO and complaint processing officials.

(d) The DON Training in the Prevention of Sexual Harassment. Required for all military and civilian supervisors and managers yearly. Managers and supervisors need this training to understand laws, regulations, and DON policy regarding equal employment opportunities, including the prevention of sexual harassment.

(e) Civilian Employee Assistance Program (CEAP). This course is designed to educate supervisors of civilian employees on how to effectively use the CEAP to help their employees overcome personal problems before they impact job performance or conduct.

h. Evaluation of Training. Evaluation is an integral part of the training program and is required by the DON. For initial evaluations, the employee and respective supervisor must assess individual training activities through the use of the SF 182 by completing and returning page 2 and the NAVMED 3502/3 to BUMED-M09B16 within 5 days after each training incident. The purpose is to gauge the initial reaction of the employee and supervisor to the training.

i. Records. The Employee Development Department, HRSC-NW Region, must maintain civilian training records. Military training is tracked through DMHRSi.

**Guidance for Payment of Expenses to Obtain Professional Credentials**

1. Payment of costs associated with obtaining and renewing professional credentials including professional accreditation, State-imposed and professional licenses, and professional certifications, and examinations to obtain such credentials, is authorized to support the Department of the Navy's human capital goals. Given the availability of funding, an activity may pay for professional credentials that are necessary or beneficial for the employee in the performance of official duties.
2. This authority may not be exercised on behalf of employees occupying Schedule C and non-career (political) SES positions. This authority is not applicable to active duty military personnel and non-appropriated fund employees.
3. This authority will be implemented in a manner consistent with merit system principles and as described by the following criteria. The license of certification:
  - a. Enhances productivity.
  - b. Improves performance.
  - c. Maximizes recruitment opportunities, especially for shortage category occupations and other labor market conditions.
  - d. Increases retention, especially for "high turnover" career fields.
  - e. Broadens and develops the skill base for a quality work force to accomplish the Department of the Navy's mission and ensure readiness.
  - f. Supports civilian leadership development initiatives and career path improvements to meet future requirements.
4. This authority is discretionary and is not an entitlement or benefit of employment.
5. Naval activities and other commands shall document the use of this authority. The Defense Civilian Personnel Data System (DCPDS) will be modified to provide essential data for program evaluation. Specific data listed below must be retained by the activities until the DCPDS accommodates these new requirements. Each approving official is responsible for ensuring the use of this authority is documented.
  - a. License/Certificate (license name as it appears on the certificate).
  - b. Date License/Certificate Obtained.
  - c. Initial Annual/Renewal.

- d. License/Certificate Cost Cumulative Costs.
  - e. Date Paid.
  - f. Amount Paid.
  - g. Training for certificate/license.
6. Funding is permitted for license and certification as defined in this document. This authority may not be used to obtain licenses or certification from organizations that discriminate on the basis of race, color, religion, age, sex, national origin, parental status, sexual orientation or disability.
7. Payment for licenses and certifications, and their subsequent renewals, may include, at the discretion of the activity and command, such additional expenses as dues or fees required by the licensing or certifying agency, fees for preparation for examinations, examinations, registration fees, and travel and per diem costs. Payment may not include employees' membership fees in societies or associations.
8. Payment shall be made on a reimbursable basis upon successful receipt of the credential. Reimbursement shall be through the completion of the SF 1164.
9. Any collective bargaining obligations must be satisfied prior to implementation of this instruction.
10. Unless permitted by law or regulation, minimum qualification requirements may not be established based upon the presence or absence of a license or certification.
11. The Chief of Naval Operations (CNO), the Commandant of the Marine Corps, the Assistant for Administration, Office of the Under Secretary of the Navy, and the Commanders of Navy Echelon 1 and 2 commands reporting to the CNO are delegated the authority to implement this authority and determine the circumstances under which payment for professional credentials will be made. This authority may be further delegated to the lowest practicable level. Echelon 1 and 2 commands retain responsibility for ensuring funding support and assessing the effectiveness of these programs.
12. Definitions
- a. Licensing is the process by which an agency of (Federal, State, or local) government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency required to engage in that occupation.
  - b. Certification is recognition given to individuals who have the predetermined qualifications set by an agency of government, industry, or profession.

## Privacy Act Statement

**Authority** – This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act.

**Purposes and Uses** – The primary purpose of the information collected is for use in the administration of the Federal Training Program (FTP) to document the nomination of trainees and completion of training. Information collected may also be provided to other agencies and to Congress upon request. This information becomes a part of the permanent employment record of participants in training programs, and should be included in the Governmentwide electronic system, (the Enterprise Human Resource Integration system (EHRI) and is subject to all of the published routine uses of that system of records.

**Effects and Nondisclosure** – Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.

**Information Regarding Disclosure of your Social Security Number (SSN) Under Public Law 93-579, Section 7(b)** – Solicitation of SSNs by the Office of Personnel Management (OPM) is authorized under provisions of the Executive Order 9397, dated November 22, 1943. Your SSN will be used primarily to give you recognition for completing the training and to accumulate Governmentwide training statistical data and information. SSNs also will be used for the selection of persons to be included in statistical studies of training management matters. The use of SSNs is necessary because of the large number of current Federal employees who have identical names and/or birth dates and whose identities can only be distinguished by their SSNs.

Note: This agreement must be signed by the nominee for Government training that exceeds 80 hours (or such other designated period, less than 80 hours as prescribed by the agency) for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this SAMPLE agreement below shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

## Continued Service Agreement

Employees, who are selected to training for more than a minimum period as prescribed in Title 5 USC 4108 and 5 CFR 410.309, see your supervisor for more information on the internal policies to implement a continued service agreement.

### Employees Agreement to Continue in Service

#### To be completed by applicant:

1. I AGREE that, upon completion of the Government sponsored training described in this authorization, if I receive salary covering the training period, I will serve in the agency three (3) times the length of the training period. If I received no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week).

**NOTE:** For the purposes of this agreement the term "agency" refers to the employing organization (such as an Executive Department or Independent Establishment), not to a segment of such organization.

2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for fees, such as the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. These fees are reflected in Section C Costs and Billing Information. Note: Additional information about fees and expenses can be found in the Guide to Human Resource Reporting (GHRR).  
<http://www.opm.gov/feddata/ghrr/index.asp>
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed, I will give my organization written notice of at least ten working days during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the full amount of additional expenses 5 U.S.C. 4108 (a) (2) incurred by the Government in this training.

4. I understand that any amount of money which may be due to the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
  
5. I FURTHER AGREE to obtain approval from my organization and the person responsible for authorizing government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
  
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated Service: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Agency Training Electronic Reporting Instructions

### General Instructions:

1. You must complete all questions in sections A-E on the training application. In addition, your financial institution must complete Section F Certification of Training Completion and Evaluation section.
2. Electronic Requirements - An agency should only submit data for completed training that is defined as a training event for which the student has accomplished all components in the title of the event.
3. Collection of training data requires completed training events and that all mandatory data elements have been recorded. Training may vary from agency to agency. This form provides conformity and standardization for the required core data.
4. Codes for underlined elements will link you to the chart. Identify the correct code, then return to the form (links will not automatically return you to the form).

### Section A - Trainee Information

1. **Applicant's Name** - Last Name, First Name, Middle Initial.
2. **Social Security Number** - Use employee's nine (9) digit SSN. (123-45-6789)  
OR  
**Federal Employee Number** - The unique number that Enterprise Human Resources Integration (EHRI) will assign to an employee to identify employee records within the EHRI system. (Agency)
3. **Date of Birth (format yyyy-mm-dd)** - Employee's date of birth (e.g. if employee's birth date is March 25, 1951, it would appear as (1951-03-25).
4. **Home Address** - Employee's home address, include the street number, city, state, and zip code.
5. **Home Telephone Number** - Employee's area code, home telephone number.
6. **Position Level** - Select whether the employee's position level is one of the following:
  - 6a. **Non supervisory** - Anyone who does not have supervisory/team leader responsibilities.
  - 6b. **Supervisory** - First line supervisors who do not supervise other supervisors; typically those who are responsible for an employee's performance appraisal or approval of their leave.
  - 6c. **Manager** - Those in management positions who typically supervise one or more supervisors.
  - 6d. **Executive** - Members of the Senior Executive Service (SES) or equivalent.
7. **Organization Mailing Address** - This is the internal agency address of the employee Branch-Division/Office/Bureau/Agency, include the street name, city, state and zip code.
8. **Office Telephone Number** - Insert the employee's area code, office telephone number and extension.
9. **Work E-mail Address** - Agency e-mail address.
10. **Position Title** - Employee's current position within the agency.

**Section A - Trainee Information (Continued)**

11. **Does Applicant Need Special Accommodations?** - Indicate "Yes" or "No". If the applicant is in need of special arrangements (brailing, taping, interpreters, facility accessibility, etc), describe the requirements in the space provided or on a separate sheet.
12. **Type of Appointment** - The employee type of appointment (e.g., Career Conditional (CC), Career (C), Temporary (Temp.), Schedule A, etc.).
13. **Education Level** -Use the employee educational level codes listed below.

<u>Code</u>	<u>Short Description</u>	<u>Long Description (If Applicable)</u>
1	No formal education or some elementary school--did not complete	Elementary school means grades 1 through 8, or equivalent, not completed.
2	Elementary school completed--no high school	Grade 8 or equivalent completed.
3	Some high school--did not graduate	High school means grades 9 through 12, or equivalent.
4	High school graduate or certificate of equivalency	
5	Terminal occupational program--did not complete	Program extending beyond grade 12, usually no more than three years; designed to prepare students for immediate employment in an occupation or cluster of occupations; not designed as the equivalent of the first two or three years of a baccularate degree program. Includes cooperative training or apprenticeship consisting of formal classroom instruction coupled with on-the-job training.
6	Terminal occupational program--certificate of completion, diploma or equivalent	See code 5 above for definition of terminal occupational program. Two levels are recognized: (1) The technical and/or semi-professional level preparing technicians or semiprofessional personnel in engineering and nonengineering fields; and (2) the craftsman/clerical level training artisans, skilled operators, and clerical workers.
7	Some college--less than one year	Less than 30 semester hours completed.
8	One year college	0-59 semester hours or 45-89 quarter hours completed.
9	Two years college	60-89 semester hours or 90-134 quarter hours completed.
10	Associate Degree	2-year college degree program completed.
11	Three years college	90-119 semester hours or 135-179 quarter hours completed.
12	Four years college	120 or more semester hours or 180 or more quarter hours completed--no baccularate (Bachelor's) degree.
13	Bachelor's Degree	Requires completion of at least four, but no more than five, years of academic work; includes Bachelor's degree conferred in a cooperative business, industry, or Government to allow student to combine actual work experience with college studies.

**Section A - Trainee Information (Continued)**

<b><u>Code</u></b>	<b><u>Short Description</u></b>	<b><u>Long Description (If Applicable)</u></b>
14	Post-Bachelor's	Some academic work beyond (at a higher level than) the Bachelor's degree but no additional higher degree.
15	First professional	Signifies the completion of academic requirements for selected professions that are based on programs requiring at least two academic years of previous college work for entrance and a total of at least six academic years of college work for completion, e.g., Dentistry (D.D.S. or D.M.D.), Law (LL. B. or J.D.), Medicine (M.D.), Theology (B.D.), Veterinary Medicine (D.V.M.), Chiropody or Podiatry (D.S.C. or D.P.), Optometry (O.D.), and Osteopathy (D.O.).
16	Post-first professional	Some academic work beyond (at a higher level than) the first professional degree but no additional higher degree.
17	Master's degree	For liberal arts and sciences customarily granted upon successful completion of one (sometimes two) academic years beyond the Bachelor's degree. In professional fields, an advanced degree beyond the first professional but below the Ph.D., e.g., the LL.M.; M.S. in surgery following the M.D.; M.S.D., Master of Science in Dentistry; M.S.W., Master of Social Work, and MA, Master of Arts.
18	Post-Master's	Some academic work beyond (at a higher level than) the Master's degree but no additional higher degree.
19	Sixth-year degree	Includes such degrees as Advanced Certificate in Education, Advanced Master of Education, Advanced Graduate Certificate, Advanced Specialist in Education Certificate, Certificate of Advanced Graduate Study, Certificate of Advanced Study, Advanced Degree in Education, Specialist in Education, Licentiate in Philosophy, Specialist in Guidance and Counseling, Specialist in Art, Specialist in Science, Specialist in School Administration, Specialist in School Psychology, and Licentiate in Sacred Theology.
20	Post-sixth year	Some academic work beyond (at a higher level than) the sixth-year degree but no additional higher degree.
21	Doctorate degree	Includes such degrees as Doctor of Education, Doctor of Juridical Science, Doctor of Public Health, and the Ph.D. (or equivalent) in any field. Does not include a Doctor's degree that is a first professional degree, per code 15.
22	Post-Doctorate	Work beyond the Doctorate.

**14. Pay Plan** - The employee's pay plan. (e.g., GS, WG, ES...**Pay Band**)

**15. Series** - The position classification four digit series. (e.g., 0201)

**16. Grade** - The employee's grade level. (1-15)

**17. Step** - The employee must insert the appropriate step. (1-10)

**Section B - Training Course Data**

- 1a. **Name and Mailing Address of Training Vendor** - Street number, city, state, and ZIP code of the appropriate vendor. (Agency specific)
- 1b. **Location of the Training Site** - Provide mailing address of the training site if different from 1a. (Agency specific)
- 1c. **Vendor Telephone Number** - Self explanatory. (Agency specific)
- 1d. **Vendor E-mail Address** - Self explanatory. (Agency specific)
- 2a. **Course Title** - Insert the title of the course or the program that the employee is scheduled to complete.
- 2b. **Course Number Code** - Insert the Course Number Code.
3. **Training Start Date** - Insert the start date of the training completed by the employee. (yyyy-mm-dd)
4. **Training End Date** - Insert the end date of the training completed by the employee. (yyyy-mm-dd)
5. **Training Duty Hours** - Insert the number of duty hours for training.
6. **Training Non Duty Hours** - Insert the number of non-duty hours for training.
7. **Training Purpose Type** - Insert the purpose for taking this course or program using the appropriate training purpose type code.

<u>Code</u>	<u>Short Description</u>	<u>Long Description (If Applicable)</u>
01	Program/Mission	Training to provide the knowledge, skills and abilities needed as a result of agency mission, policies, or procedures.
02	New Work Assignment	Training to acquire the knowledge, skills and abilities needed as a result of assignment to new duties and responsibilities when such training is not part of a planned, career development program (e.g., training provided to a staffing specialist who has been newly assigned to a position involving classification duties).
03	Improve/Maintain Present Performance	Training to provide the knowledge, skills and abilities needed to improve or maintain proficiency in present job.
04	Future Staffing Needs	Training to provide the knowledge, skills, and abilities needed to meet future staffing needs (e.g., to implement succession planning).
05	Develop Unavailable Skills	Training to acquire the knowledge, skills and abilities needed for fields of work for which the labor market cannot produce a sufficient number of trained candidates (e.g., air traffic controllers or Information Technology (IT) professionals).
06	Retention	Training/education used to address staffing issue of retaining an employee (e.g., academic degree training).

8. **Training Type Code** - There are three (3) different Training Type Codes. The employee must select one from the Training Type Codes. (Select from the chart on pages 10-12.)
9. **Training Sub-Type Code** - There are Sub-Type Categories for each of the three (3) different Training Type Codes. Select one (1) Sub-Type Category code that applies to the training type code you selected. (Select from the chart on pages 10-12.)

**Section B - Training Course Data (Continued)**

Training Type Code	Training Sub Type Code
	01 - Legal Education or training in the concepts, principles, and theories, or techniques of law.
	02 - Medical and Health Education or training in the concepts, principles, and theories, or techniques of medicine.
	03 - Scientific Education or training in the concepts, principles, and theories, or techniques of disciplines such as the physical, biological, natural, and social sciences; education; economics; mathematics; or statistics.
	04 - Engineering or Architecture Education or training in the concepts, principles, and theories, or techniques of disciplines such as architecture and engineering.
	05 - Human Resources Education or training in the concepts, principles, and theories of such fields as: public administration, personnel training, equal employment opportunity, human resources policy analysis, succession planning, performance management, classification, and staffing.
	06 - Budget/Finance Business Administration Education or training in the concepts, principles, and theories of business administration, accounts payable and receivable, auditing and internal control, and cash management.
	07 - Planning and Analysis Education or training in the concepts, principles, and theories of systems analysis; policy, program or management analysis; or planning, including strategic planning.
	08 - Information Technology Education and training in the concepts and application of data and the processing thereof; e.g., the automatic acquisition, storage, manipulation (including transformation), management, system analysis, movement, control, display, switching, interchange, transmission or reception of data, computer security and the development and use of the hardware, software, firmware, and procedures associated with this processing. This training type does not include any IT training on agency proprietary systems.
	09 - Project Management Education and training in the concepts, principles, and theories necessary to develop, modify, or enhance a product, service, or system which is constrained by the relationships among scope, resources, and time.
	10 - Acquisition Education or training in the concepts, principles, and theories or techniques related to the 1102 occupation, e.g., procurement, contracting.
	11 - Logistic Specialty Training for professional skills of a specialized nature in the methods and techniques of such fields as supply, procurement, transportation, or air traffic control.
	12 - Security Training of a specialized nature in the methods and techniques of investigation, physical security, personal security, and police science.

**Section B - Training Course Data (Continued)**

Training Type Code	Training Sub Type Code
<p>01 - Training Program Area (continued)</p>	<p>13 - Clerical (Non-supervisory clerical/administrative) Training in skills such as office management, typing, shorthand, computer operating, letter writing, telephone techniques; or word processing.</p>
	<p>14 - Trade and Craft Training in the knowledge, skills, and abilities needed in such fields as electronic equipment installation, maintenance, or repair; tool and die making; welding, and carpentry.</p>
	<p>15 - Foreign Affairs Training for professional skills of a specialized nature in the methods and techniques of such fields as foreign languages, foreign culture, diplomacy, or strategic studies.</p>
	<p>16 - Leadership/Manager/Communications Courses Training that addresses skill areas such as Leadership/Management and Communication (e.g., written, oral and interpersonal) coursework.</p>
<p>02 - Developmental Training Area Description: Formal developmental/training programs.</p>	<p>20 - Presupervisory Program Development/training program for non-supervisors.</p>
	<p>21 - Supervisory Program Development/training program which provides education or training in supervisory principles and techniques in such subjects as personnel policies and practices (including equal employment opportunity, merit promotion, and labor relations); human behavior and motivation; communication processes in supervision, work planning, scheduling, and review; and performance evaluation for first-line supervisors.</p>
	<p>22 - Management Program Development/training program which provides mid-management level education or training in the concepts, principles, and theories of such subject matters as public policy formulation and implementation, management principles and practices, quantitative approaches to management, or management planning organizing and controlling. (Supervisors of supervisors; GS-14/15 supervisors; GS-14/15 direct reports to SES).</p>
	<p>23 - Leadership Development Program Formal developmental program that provides leadership training and development opportunities.</p>
	<p>24 - SES Candidate Development OPM-approved program to prepare potential SES members.</p>
	<p>25 - Executive Development Continuing development for leaders above the GS-15 level.</p>
	<p>26 - Mentoring Program Formal stand-alone program with established goals and measured outcomes. Open to all who qualify; protégées and mentors paired to facilitate compatibility, training and support provided, and company benefits directly.</p>
	<p>27 - Coaching Program Formal stand-alone program which provides ongoing partnership with an employee and coach that helps employee produce desired results in professional life.</p>

**Section B - Training Course Data (Continued)**

Training Type Code	Training Sub Type Code
<p>03 - Basic Training Area</p> <p>Description: Fundamental and/or required training programs.</p>	<p>30 - Employee Orientation</p> <p>Training of a general nature to provide an understanding of the organization and missions of the Federal Government, employing agency or activity, or a broad overview and understanding of matters of public policy.</p>
	<p>31 - Adult Basic Education</p> <p>Education or training to provide basic completeness in such subjects as remedial reading, grammar, arithmetic, lip reading or Braille.</p>
	<p>32 - Federally Mandated Training</p> <p>Mandatory training for all employees Governmentwide. This includes training mandated by federal statute or regulation; such as in the areas of computer security awareness (5 CFR 930.301-305), ethics (5 CFR 2638.703 and 704), or executives, managers, and supervisors (5 CFR Part 412).</p>
	<p>33 - Work-life</p> <p>Training to promote work-life (e.g., health and wellness training, employee retirement/benefits training, etc).</p>
	<p>34 - Soft Skills</p> <p>Training involving development of employees ability to relate to others ( e.g., customer service, dealing with difficult people, etc).</p>
	<p>35 - Agency Required Training</p> <p>Agency specific training required by the agency and provided to Federal employees in order to achieve the goals and objectives of the Agency as needed. For example: agency training based on Inspector General's Audit; agency training aimed at improving individual's needs based on Performance Improvement Plan (PIP); agency training based on signing agreement between Union and Management.</p>

**10. Training Delivery Type Code –**

<u>Code</u>	<u>Short Description</u>	<u>Long Description (If Applicable)</u>
01	Traditional Classroom (no technology)	Individual or multiple person led, face-to-face training.
02	On the Job	Formal methods/activities planned and structured to promote learning by doing; e.g., detail assignments/programs.
03	Technology Based	Methods mainly using technology, which may include tutorials embedded in software, CD ROM products, Web-based courses, and interactive media.
04	Conference/workshop	An organized learning event which has an announced educational or instructional purpose; more than half the time is scheduled for a planned, organized exchange of information between presenters and audience which meets the definition of training in 5 U.S.C. 4110; content of the conference/retreat is germane to improving individual and/or organizational performance; and developmental benefits will be derived through the employee's attendance.
05	Blended	Training that requires two or more methods of delivery that must be completed in order to satisfy the educational requirements.
06	Correspondence	Self-study course material: Training provided via the assignment of non-interactive methods such as a book, document, regulation, or manual.

**Section B - Training Course Data (Continued)**

11. **Training Designation Type Code** - Select and insert the appropriate training credit designation type code:

<u>Code</u>	<u>Short Description</u>	<u>Long Description (If Applicable)</u>
01	Undergraduate Credit	N/A
02	Graduate Credit	N/A
03	Continuing Education Unit	N/A
04	Post Graduate Credit	N/A
05	N/A	N/A

12. **Training Credit** - Amount of academic credit hours of continued education units (1, 1.5, or .75) earned by the employee for the completed training. (This should be completed by the agency).

13. **Training Credit Type Code** - Select and insert the appropriate training credit designation type code:

<u>Code</u>	<u>Short Description</u>
01	Semester Hours
02	Quarter Hours
03	Continuing Education Unit

14. **Training Accreditation Indicator** - Insert a Yes (Y) or No (N).

15. **Continued Service Agreement Required Indicator** - Insert Yes (Y) or No (N) or non applicable (N/A) in appropriate space. (Agency response.)

16. **Continued Service Agreement Expiration Date** - (Enter date as yyyy-mm-dd).

17. **Training Source Type Code** -

<u>Code</u>	<u>Short Description</u>	<u>Long Description (If Applicable)</u>
01	Government Internal	Training provided by a Federal department, agency, or independent establishment for its own employees.
02	Government External	Training provided by an interagency training activity, or a Federal department, agency, or independent establishment other than the one which currently employs the trainee.
03	Non-government	Sources include commercial or industrial concern, educational institutions, professional societies or associations, or consultants or individuals who are not Government employees, (but are contracted to develop and/or provide training course or program.)
04	Government State/Local	Training provided by a state, county, or municipal Government. Education provided by State-operated or other public educational institutions is reported as non-Government.
05	Foreign Governments and Organizations	Training provided by non United States entities which may or may not be outside the United States.

18. **Training Objectives** - It is important that the objectives for the employee(s) enrolling in this course or program is related to the strategic objectives of the organization for which the employee works. Provide text to explain how the training event meets agency objective(s) and purpose type.

19. **Agency Use Only** -For use by an agency as needed.

**Section C - Costs and Billing Information**

1. **Direct costs and appropriation/fund chargeable**
  - a. **Training Tuition and Fees Cost** - Insert the actual/final cost of training tuition and fees for training completed by the employee that was paid for by the Federal Government.
  - b. **Books and Materials Costs** - Insert the materials cost for training completed by the employee that was paid for by the Federal Government. (Refer to the Guide for Human Resources Reporting Guide at <http://www.opm.gov/feddata/guidance.asp> for more information).
  - c. **Total Cost** - Insert the actual/final cost.
2. **Indirect costs and appropriation/fund chargeable**
  - a. **Training Travel Cost** - Insert the actual/final travel cost excluding per diem for training completed by the employee that was paid for by the Federal Government.
  - b. **Training Per Diem Cost** - Insert the actual/final per diem cost (e.g., meals, lodging, miscellaneous expenses) for training completed by the employee that was paid for by the Federal Government.
  - c. **Total Cost** - Insert the actual/final cost.
3. **Total Training Non-Government Contribution Cost** - Insert the cost contributed by the employee or other non-Government organizations for the training completed by the employee.
4. **Document/Purchase Order/Requisition Number** - Enter Document/Purchase Order/Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced in the billing process.
5. **8-Digit Station Symbol** - Fill in 8-digit station symbol of the nominating Agency Finance Office.
6. **Billing Instructions** - Enter name and mailing address of nominating Agency Finance Office for billing purposes.

**Section D - Approvals**

- 1-3e. **Approvals** - To be completed by the employee's immediate and/or second-line supervisor(s) before submission of application to nomination Agency Training Office.

**Section E - Approvals/Concurrence**

- 1-1e. **Approval/Concurrence** - To be completed by the nominating Agency Official who is authorized to approve or disapprove request.

**Section F - Certification of Training Completion and Evaluation**

**NOTE:** Agency Certifying Officials are certifying the employee has completed the requirements for the training and an evaluation has been completed. The requirement to evaluate training is found in 5 CFR 410.601. The agency head shall evaluate training to determine how well it meets short and long-range program needs of the agency and the individual. The needs should be aligned with the strategic plan to strengthen and develop the performance and behavior of the individual whose positive results will impact the performance of the agency.

**SAMPLE OF CONTINUATION TRAINING FORM**

<b>AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING</b>			A. Agency, code agency subelement and submitting office number			B. Request Status (Mark (X) one) <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Correction <input type="checkbox"/> Cancellation		
<b>Section A - TRAINEE INFORMATION</b> <i>Please read instructions on page 6 before completing this form</i>								
1. Applicant's Name (Last, First, Middle Initial) <b>SEE CONTINUATION SHEET (CIVILIAN)</b>			2. Social Security Number/Federal Employee Number			3. Date of Birth (yyyy-mm-dd)		
4. Home Address (Number, Street, City, State, ZIP Code) (Optional)			5. Home Telephone (Optional) (Include Area Code)			6. Position Level (Mark (X) one) <input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Manager <input type="checkbox"/> c. Supervisory <input type="checkbox"/> d. Executive		
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency))			8. Office Telephone (Include Area Code and Extension)			9. Work Email Address		
10. Position Title		11. Does applicant need special accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe below				
12. Type of Appointment		13. Education Level (click link to view codes or go to page 7)		14. Pay Plan	15. Series	16. Grade	17. Step	
<b>Section B - TRAINING COURSE DATA</b>								
1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code) GRADUATE SCHOOL USDA 600 MARYLAND AVE SW, SUITE 120 WASHINGTON, DC 20024-2520				1b. Location of Training Site (if same, mark box) <input checked="" type="checkbox"/>				
				1c. Vendor Telephone Number (202) 314-3300		1d. Vendor Email Address WWW.GRAD.USDA.GOV		
2a. Course Title BUDGET EXECUTION		2b. Course Number Code BUDG7100D	3. Training Start Date (Enter Date as yyyy-mm-dd) 2008-02-04			4. Training End Date (Enter Date as yyyy-mm-dd) 2008-02-07		
5. Training Duty Hours 32		6. Training Non-Duty Hours		7. Training Purpose Type (Click link to view codes or go to page 9) 01		8. Training Type Code (Click link to view codes or go to page 9) 02		
9. Training Sub-Type Code (Click link to view codes or go to page 9)		10. Training Delivery Type Code (Click link to view codes or go to page 12) 04		11. Training Designation Type Code (Click link to view codes or go to page 13)	12. Training Credit	13. Training Credit Type Code (Click link to view codes or go to page 13)		
14. Training Accreditation Indicator (Check below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. Continued Service Agreement Required Indicator (Check below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd)		17. Training Source Type Code (Click link to view codes or go to page 13) 03		
18. Training Objective Identify key financial management legislation that shapes the budget execution process.				19. AGENCY USE ONLY LCDR M. J. WASHINGTON, COMPTROLLER				
<b>Section C - COSTS AND BILLING INFORMATION</b>								
1. Direct Costs and Appropriation / Fund Chargeable				2. Indirect Costs and Appropriation / Fund Chargeable				
Item		Amount	Appropriation Fund	Item		Amount	Appropriation Fund	
a. Tuition and Fees		\$ 1,750.00		a. Travel		\$		
b. Books & Material Costs		\$		b. Per Diem		\$		
c. TOTAL		\$ 1,750.00		c. TOTAL		\$		
3. Total Training Non-Government Contribution Cost				6. BILLING INSTRUCTIONS (Furnish invoice to):				
4. Document / Purchasing Order / Requisition Number								
5. 8 - Digit Station Symbol (Example - 12-34-5678)								

<b>Section D - APPROVALS</b>	
1a. Immediate Supervisor - <i>Name and title</i> CDR J. SMITH, DEPUTY DIRECTOR FOR MANPOWER	
1b. Area Code / Telephone Number (202) 762-0000	1c. Email Address jack.smith@med.navy.mil
1d. Signature	1e. Date
2a. Second-line Supervisor - <i>Name and title</i> CDR Karen Lewis, MSC, Executive Assistant	
2b. Area Code / Telephone Number (202) 762-0000	2c. Email Address karen.lewis@med.navy.mil
2d. Signature	2e. Date
3a. Training Officer - <i>Name and title</i> Danita Moore, Training Officer	
3b. Area Code / Telephone Number (202) 762-3239	3c. Email Address danita.moore@med.navy.mil
3d. Signature	3e. Date
<b>Section E - APPROVALS / CONCURRENCE</b>	
1a. Authorizing Official - <i>Name and title</i> CAPT Steven Thompson, Director for Administration	
1b. Area Code / Telephone Number (202) 762-0000	1c. Email Address steven.thompson@med.navy.mil
1d. Signature  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	1e. Date
<b>Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION</b>	
1a. Authorizing Official - <i>Name and title</i>	
1b. Area Code / Telephone Number	1c. Email Address
1d. Signature	1e. Date
<small>TRAINING FACILITY ~ Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.</small>	

**BUDGET EXECUTION**

LAST NAME, FIRST NAME

SSN

GS/SERIES/GRADE

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING			A. Agency, code agency subelement and submitting office number		B. Request Status (Mark (X) one) <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Correction <input type="checkbox"/> Cancellation	
<b>Section A - TRAINEE INFORMATION</b> Please read instructions on page 6 before completing this form						
1. Applicant's Name (Last, First, Middle Initial) <b>SEE CONTINUATION SHEET (MILITARY)</b>			2. Social Security Number/Federal Employee Number		3. Date of Birth (yyyy-mm-dd)	
4. Home Address (Number, Street, City, State, ZIP Code) (Optional)			5. Home Telephone (Optional) (Include Area Code)		6. Position Level (Mark (X) one) <input checked="" type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Manager <input type="checkbox"/> c. Supervisory <input type="checkbox"/> d. Executive	
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency) <b>BUREAU OF MEDICINE AND SURGERY 2300 E STREET NW WASHINGTON, DC 20372</b>			8. Office Telephone (Include Area Code and Extension) <b>(202) 762-0000</b>		9. Work Email Address	
10. Position Title		11. Does applicant need special accommodation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please describe below		
12. Type of Appointment		13. Education Level (click link to view codes or go to page 7)		14. Pay Plan	15. Series	16. Grade
<b>Section B - TRAINING COURSE DATA</b>						
1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code) <b>AMERICAN ACADEMY OF MEDICAL ADMINISTRATORS 701 LEE STREET, SUITE 600 DES PLAINES, IL 60016</b>				1b. Location of Training Site (if same, mark box) <input type="checkbox"/> <b>SAN DIEGO, CA</b>		
				1c. Vendor Telephone Number <b>(847) 759-8601</b>		1d. Vendor Email Address <b>WWW.AAMEDA.ORG</b>
2a. Course Title <b>50TH AAMA ANNUAL CONFERENCE</b>		2b. Course Number Code	3. Training Start Date (Enter Date as yyyy-mm-dd) <b>2008-01-07</b>		4. Training End Date (Enter Date as yyyy-mm-dd) <b>2008-01-11</b>	
5. Training Duty Hours <b>40</b>		6. Training Non-Duty Hours		7. Training Purpose Type (Click link to view codes or go to page 9) <b>01</b>		8. Training Type Code (Click link to view codes or go to page 9) <b>02</b>
9. Training Sub Type Code (Click link to view codes or go to page 9)		10. Training Delivery Type Code (Click link to view codes or go to page 12) <b>04</b>		11. Training Designation Type Code (Click link to view codes or go to page 13)	12. Training Credit	13. Training Credit Type Code (Click link to view codes or go to page 13)
14. Training Accreditation Indicator (Check below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. Continued Service Agreement Required Indicator (Check below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd)		17. Training Source Type Code (Click link to view codes or go to page 13) <b>03</b>
18. Training Objective <b>ANNUAL PROFESSIONAL DEVELOPMENT CONFERENCE</b>				19. AGENCY USE ONLY <b>LCDR M. J. WASHINGTON, COMPTROLLER</b>		
<b>Section C - COSTS AND BILLING INFORMATION</b>						
1. Direct Costs and Appropriation / Fund Chargeable			2. Indirect Costs and Appropriation / Fund Chargeable			
Item	Amount	Appropriation Fund	Item	Amount	Appropriation Fund	
a. Tuition and Fees	\$ 1,800.00		a. Travel	\$ 545.00		
b. Books & Material Costs	\$		b. Per Diem	\$ 560.00		
c. TOTAL	\$ 1,800.00		c. TOTAL	\$ 1,105.00		
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTIONS (Furnish invoice to):			
4. Document / Purchasing Order / Requisition Number						
5. 8 - Digit Station Symbol (Example - 12-34-5678)						

<b>Section D - APPROVALS</b>	
1a. Immediate Supervisor - <i>Name and title</i> CDR J. SMITH, DEPUTY DIRECTOR FOR MANPOWER	
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3a Training Officer - <i>Name and title</i> Danita Moore, Training Officer	
3b. Area Code / Telephone Number (202) 762-3239	3c. Email Address danita.moore@med.navy.mil
3d. Signature	3e. Date
<b>Section E - APPROVALS / CONCURRENCE</b>	
1a. Authorizing Official - <i>Name and title</i> CAPT Steven Thompson, Director for Administration	
1b. Area Code / Telephone Number (202) 762-0000	1c. Email Address steven.thompson@med.navy.mil
1d. Signature  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	1e. Date
<b>Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION</b>	
1a. Authorizing Official - <i>Name and title</i>	
1b. Area Code / Telephone Number	1c. Email Address
1d. Signature	1e. Date
<small>TRAINING FACILITY ~ Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.</small>	

**50<sup>TH</sup> AAMA ANNUAL CONFERENCE**

LAST NAME, FIRST NAME

SSN

GS/SERIES/GRADE

**SAMPLE SF 182 FOR CIVILIAN AND MILITARY PARTICIPANTS**

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING			A. Agency, code agency subelement and submitting office number		B. Request Status (Mark (X) one)	
					<input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Correction <input type="checkbox"/> Cancellation	
Section A - TRAINEE INFORMATION						
Please read instructions on page 6 before completing this form						
1. Applicant's Name (Last, First, Middle Initial) JACKSON, KOBI D.		2. Social Security Number/Federal Employee Number 000-00-0000		3. Date of Birth (yyyy-mm-dd) 1983-07-23		
4. Home Address (Number, Street, City, State, ZIP Code) (Optional)		5. Home Telephone (Optional) (Include Area Code)		6. Position Level (Mark (X) one)		
				<input checked="" type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Manager <input type="checkbox"/> c. Supervisory <input type="checkbox"/> d. Executive		
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency) BUREAU OF MEDICINE AND SURGERY 2300 E STREET NW WASHINGTON, DC 20372		8. Office Telephone (Include Area Code and Extension) (202) 762-0000		9. Work Email Address kobi.jackson@med.navy.mil		
10. Position Title Management Analyst		11. Does applicant need special accommodation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please describe below		
12. Type of Appointment CAREER		13. Education Level (click link to view codes or go to page 7) 10		14. Pay Plan GS	15. Series 1750	16. Grade 09
17. Step 02						
Section B - TRAINING COURSE DATA						
1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code) MANAGEMENT CONCEPTS 8230 LEESBURG PIKE VIENNA, VA 22182			1b. Location of Training Site (if same, mark box) <input checked="" type="checkbox"/>			
			1c. Vendor Telephone Number (703) 790-9595		1d. Vendor Email Address WWW.MGMTCONCEPTS.COM	
2a. Course Title INTRODUCTION TO FEDERAL CONTRACTING		2b. Course Number Code	3. Training Start Date (Enter Date as yyyy-mm-dd) 2008-03-17		4. Training End Date (Enter Date as yyyy-mm-dd) 2008-03-21	
5. Training Duty Hours 40		6. Training Non-Duty Hours		7. Training Purpose Type (Click link to view codes or go to page 9) 01		8. Training Type Code (Click link to view codes or go to page 9) 02
9. Training Sub-Type Code (Click link to view codes or go to page 9)		10. Training Delivery Type Code (Click link to view codes or go to page 12) 04		11. Training Designation Type Code (Click link to view codes or go to page 13)	12. Training Credit	13. Training Credit Type Code (Click link to view codes or go to page 13)
14. Training Accreditation Indicator (Check below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. Continued Service Agreement Required Indicator (Check below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd)		17. Training Source Type Code (Click link to view codes or go to page 13) 03
18. Training Objective This entry level training course provides a solid orientation to the federal contracting environment for those new to federal contracting				19. AGENCY USE ONLY LCDR M. J. WASHINGTON, COMPTROLLER		
Section C - COSTS AND BILLING INFORMATION						
1. Direct Costs and Appropriation / Fund Chargeable			2. Indirect Costs and Appropriation / Fund Chargeable			
Item	Amount	Appropriation Fund	Item	Amount	Appropriation Fund	
a. Tuition and Fees	\$ 950.00		a. Travel	\$		
b. Books & Material Costs	\$		b. Per Diem	\$		
c. TOTAL	\$ 950.00		c. TOTAL	\$		
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTIONS (Furnish invoice to):			
4. Document / Purchasing Order / Requisition Number						
5. e - Digit Station Symbol (Example - 12-34-567a)						

<b>Section D - APPROVALS</b>	
1a. Immediate Supervisor - <i>Name and title</i> CDR J. SMITH, DEPUTY DIRECTOR FOR MANPOWER	
1b. Area Code / Telephone Number (202) 762-0000	1c. Email Address jack.smith@med.navy.mil
1d. Signature	1e. Date
2a. Second-line Supervisor - <i>Name and title</i> CDR Karen Lewis, MSC, Executive Assistant	
2b. Area Code / Telephone Number (202) 762-0000	2c. Email Address karen.lewis@med.navy.mil
2d. Signature	2e. Date
3a Training Officer - <i>Name and title</i> Danita Moore, Training Officer	
3b. Area Code / Telephone Number (202) 762-3239	3c. Email Address danita.moore@med.navy.mil
3d. Signature	3e. Date
<b>Section E - APPROVALS / CONCURRENCE</b>	
1a. Authorizing Official - <i>Name and title</i> CAPT Steven Thompson, Director for Administration	
1b. Area Code / Telephone Number (202) 762-0000	1c. Email Address steven.thompson@med.navy.mil
1d. Signature  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	1e. Date
<b>Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION</b>	
1a. Authorizing Official - <i>Name and title</i>	
1b. Area Code / Telephone Number	1c. Email Address
1d. Signature	1e. Date
<small>TRAINING FACILITY ~ Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.</small>	

**SAMPLE SF 182 FOR \$2,000 WITH VENDOR SELECTION WORKSHEET,  
BUMED 3502/1 (REV. 11-2007)**

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING			A. Agency, code agency subelement and submitting office number			B. Request Status (Mark (X) one)		
						<input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Correction <input type="checkbox"/> Cancellation		
Section A - TRAINEE INFORMATION								
Please read instructions on page 6 before completing this form								
1. Applicant's Name (Last, First, Middle Initial) HAIRSTON, ANTHONY W.			2. Social Security Number/Federal Employee Number 000-00-0000			3. Date of Birth (yyyy-mm-dd) 1960-01-12		
4. Home Address (Number, Street, City, State, ZIP Code) (Optional)			5. Home Telephone (Optional) (Include Area Code)			6. Position Level (Mark (X) one)		
						<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Manager <input checked="" type="checkbox"/> c. Supervisory <input type="checkbox"/> d. Executive		
7. Organization Mailing Address (Branch-Division/Office/Bureau/Agency) BUREAU OF MEDICINE AND SURGERY 2300 E STREET NW WASHINGTON, DC 20372			8. Office Telephone (Include Area Code and Extension) (202) 762-0000			9. Work Email Address anthony.hairston@med.navy.mil		
10. Position Title HEAD, FACILITIES DIVISION		11. Does applicant need special accommodation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please describe below				
12. Type of Appointment		13. Education Level (click link to view codes or go to page 7) 17		14. Pay Plan	15. Series 2300	16. Grade CDR	17. Step	
Section B - TRAINING COURSE DATA								
1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code) JOINT COMMISSION RESOURCES P.O. BOX 75751 CHICAGO, IL 60675-5751					1b. Location of Training Site (# same, mark box) <input type="checkbox"/> ALEXANDRIA, VA			
					1c. Vendor Telephone Number (703) 845-1010		1d. Vendor Email Address connections@vfa.com	
2a. Course Title 3RD ANNUAL EMERGENCY PREPAREDNESS CONF		2b. Course Number Code	3. Training Start Date (Enter Date as yyyy-mm-dd) 2008-04-08		4. Training End Date (Enter Date as yyyy-mm-dd) 2008-04-11			
5. Training Duty Hours 32		6. Training Non-Duty Hours		7. Training Purpose Type (Click link to view codes or go to page 9) 01		8. Training Type Code (Click link to view codes or go to page 9) 02		
9. Training Sub-Type Code (Click link to view codes or go to page 9)		10. Training Delivery Type Code (Click link to view codes or go to page 12) 04		11. Training Designation Type Code (Click link to view codes or go to page 13)		12. Training Credit	13. Training Credit Type Code (Click link to view codes or go to page 13)	
14. Training Accreditation Indicator (Check below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. Continued Service Agreement Required Indicator (Check below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		16. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd)		17. Training Source Type Code (Click link to view codes or go to page 13) 03		
18. Training Objective ANNUAL PROFESSIONAL DEVELOPMENT CONFERENCE					19. AGENCY USE ONLY LCDR M. J. WASHINGTON, COMPTROLLER			
Section C - COSTS AND BILLING INFORMATION								
1. Direct Costs and Appropriation / Fund Chargeable				2. Indirect Costs and Appropriation / Fund Chargeable				
Item		Amount	Appropriation Fund	Item		Amount	Appropriation Fund	
a. Tuition and Fees		\$ 1,000.00		a. Travel		\$		
b. Books & Material Costs		\$		b. Per Diem		\$		
c. TOTAL		\$ 1,000.00		c. TOTAL		\$		
3. Total Training Non-Government Contribution Cost				6. BILLING INSTRUCTIONS (Furnish invoice to):				
4. Document / Purchasing Order / Requisition Number								
5. 8 - Digit Station Symbol (Example - 12-34-5678)								

<b>Section D - APPROVALS</b>	
1a. Immediate Supervisor - Name and title CDR J. SMITH, DEPUTY DIRECTOR FOR MANPOWER	
1b. Area Code / Telephone Number (202) 762-3892	1c. Email Address jack.smith@med.navy.mil
1d. Signature	1e. Date
2a. Second-line Supervisor - Name and title CDR Karen Lewis, MSC, Executive Assistant	
2b. Area Code / Telephone Number (202) 762-3345	2c. Email Address karen.lewis@med.navy.mil
2d. Signature	2e. Date
3a. Training Officer - Name and title Mary Robinson, Training Officer	
3b. Area Code / Telephone Number (202) 762-2299	3c. Email Address mary.robinson@med.navy.mil
3d. Signature	3e. Date
<b>Section E - APPROVALS / CONCURRENCE</b>	
1a. Authorizing Official - Name and title CAPT Steven Thompson, Director for Administration	
1b. Area Code / Telephone Number (202) 762-2315	1c. Email Address steven.thompson@med.navy.mil
1d. Signature  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	1e. Date
<b>Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION</b>	
1a. Authorizing Official - Name and title	
1b. Area Code / Telephone Number	1c. Email Address
1d. Signature	1e. Date
<small>TRAINING FACILITY - Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.</small>	

**VENDOR SELECTION WORKSHEET**

COURSE TITLE: THE DEFENSE MESSAGE CENTER (DMS): A COMPREHENSIVE INTRODUCTION

VENDOR INFORMATION (Name, Address, POC, and Telephone )		VENDOR EVALUATION						COMMENTS
ABILITY TO MEET IDENTIFIED TRAINING NEEDS	QUALITY OF TRAINING INCLUDING METHODS	ABILITY TO MEET TIMEFRAME	REFERENCE CHECKS OR PRIOR SERVICES	TOTAL COST	TOTAL NUMERICAL RATING FOR ALL FACTORS			
Vendor Name: Management Concepts 8230 LEESBURG PIKE SUITE 800 VIENNA, VA 22182 POC Telephone No. 903-790-9595		1 - Poor	1 - Poor	2 - Fair	1 - Poor	\$ 895.00	5	THIS VENDOR PROVIDES TRAINING, BUT NOT ENOUGH INDEPTH TRAINING FOR DMS AND NO HANDS-ON TRAINING (3 DAYS)
Vendor Name: Learning Tree International 1805 LIBRARY ST RESTON, VA 20190 POC MR. BRADLEY Telephone No. 800-777-5911		4 - Excellent	4 - Excellent	4 - Excellent	4 - Excellent	\$ 2,014.00	16	THIS VENDOR IS MORE INDEPTH HANDS-ON TRAINING AND MEETS MOST OF THE TRAINING NEEDED FOR DMS (4 DAYS)
Vendor Name: Address: POC Telephone No.								
Rating Scale: 4 - Excellent 3 - Good 2 - Fair 1 - Poor		Recommended Vendor						
		LEARNING TREE						
		Responsible Specialist						
		Responsible Specialist Signature						Date Signed (DD MMM YYYY)

BUMED 3502/1 (Rev. 11-2007)

**SAMPLE  
TRAINING EVALUATION**

1. Name (Last, First, MI) JACKSON, KOBI D.		2. Telephone Number 202-762-0000		3. Course Title INTRODUCTION TO FEDERAL CONTRACTING				
4. Course Objectives DEFINE THE VISION, GOALS, AND OBJECTIVES OF THE FEDERAL ACQUISITION PROCESS.								
5. Was Course Completed? (Explain in Section 15) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. Were all session attended? (If not, explain in Section 15) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Actual Course Hours Duty <u>40</u> Non-duty <u>0</u>		8. Course Start Date (DD MMM YYYY) 17 Mar 2008	9. Course End Date (DD MMM YYYY) 21 Mar 2008	10. Academic Grade / Score S
11. Comments on strong points of course  RECEIVED AN OVERVIEW OF THE FEDERAL ACQUISITION PROCESS AND THE UNDERSTANDING OF THE ROLES OF THE KEY PLAYERS. INTRODUCED TO THE BASIC STATUTES AND REGULATIONS THAT GOVERN THIS PROCESS.								
12. Comments on weak points of course  MY OBJECTIVE WAS TO GET A BETTER UNDERSTANDING OF THE CONTRACT PROCESS. ALL OBJECTIVES WERE MET.								
13. What were your objectives in taking this course? Where they met?  STRONGLY RECOMMEND TO ANYONE NEW TO FEDERAL CONTRACTING.								
14. Do you recommend this program for others? If so, whom?								
15. Additional Comments								
16. Signature of Trainee			17. Date Signed (DD MMM YYYY)		18. Signature of Supervisor		19. Date Signed (DD MMM YYYY)	
TRAINING OFFICE USE ONLY								
A. BUMED CODE		B. STANDARD DOCUMENT NUMBER			C. OTHER INFORMATION			

BUMED 3502/3 (11-2007)



# NKO GUIDE

**Web Site:**  
**[www.NKO.navy.mil](http://www.NKO.navy.mil)**

## NEW USER

### Creating an NKO Account

1. Go to the NKO website: [www.nko.navy.mil](http://www.nko.navy.mil)
2. Under the New Users section, click *Register as a New User*.
3. Complete the required fields (omits dashes in SSN).
4. Verify your information.
5. Click the *Continue* button.
6. Click the *OK* button.
7. Complete additional info.
8. Click *Register*.

## EXISTING USER

### Accessing NKO

1. Go to the NKO website.
2. Enter your NKO Username and password to login, then click *LOG IN TO NKO* con.

## Viewing NSPS Course Descriptions

1. Under *LEARNING*, click *Navy e-Learning*.
2. Under *CONTENT*, click *Browse Categories*.
3. Click *National Security Personnel System*.
4. Select one of the subcategories.
5. Select next subcategory of your choice.
6. Select a course to view description.

## Enrolling in a Class

1. Go to the NKO website.
2. Enter your NKO Username and password to log in, then click the *LOG IN TO NKO* icon.

### FOR HARVARD MANAGE MENTOR PLUS CLASSES:

3. Under *Leadership*, click *Harvard Manage Mentor Plus*.
4. Click anywhere to begin (or wait a few seconds and it will go to the next screen).
5. Viewing Options – Go to bottom of screen and click Continue to Home menu.
6. Click on the class of your choice.
7. Click on each tab at the top and then go through the topics listed on the left hand side.

### FOR NAVY E-LEARNING CLASSES:

3. Under *Learning*, click *Navy e-Learning*.
4. Under *CONTENT* - select *Browse Categories*.
5. Click *National Security Personnel System*.
6. Select A, B, or C depending on which subcategory you want.
7. Select next subcategory of your choice.
8. Select class you wish to enroll in.
9. Click *Enroll Now!*
10. Click *Launch!*



## Exiting a Class

If you are unable to finish a course during one setting and you want to continue working on it at a later time, you need to:

Click on the *EXIT* button within the specific course curriculum.

Do not exit the course by clicking the X box in the upper right hand corner of your screen. This could cause you to lose all your work.

## Continuing a Class

1. Go to the NKO website.
2. Enter your NKO Username and password to log in, then select the *LOG IN TO NKO icon*.
3. Under *Learning*, click *Navy e-Learning*.
4. Click on *My Enrollments* tab.  
This will give you a list of all the courses you are currently enrolled in but haven't finished.
5. Click on *Launch!* next to the course name you would like to work on.  
This will open the course and you can continue to work on the class.

## Changing Your Password

Can't remember your password?

1. Go to the NKO website.
2. Click on *I forgot my Password*.
3. Fill in Last Name  
Social Security Number (no dashes)  
Date of Birth  
Month of Birth  
Year of Birth
4. Click on *Continue*.

This will give you both your username and let you change your password so you will have a new one.

## TIPS AND TRICKS

- \* **Exiting a Class** – Click on the EXIT button within the specific course curriculum.
  - ▶ A box will pop up asking: Do you want to exit? Click Yes.
  - ▶ You will then be on the My Enrollments page. Click the Refresh button to ensure the latest test scores and class progress is saved.
  - ▶ If you have finished a course, clicking the Refresh button will move your course to the My Transcripts page.
  - ▶ Do not exit the course by clicking the X box in the upper right hand corner of you screen. This could cause you to lose all your work.
  
- \* **To turn off audio completely** – When you first log into a course:
  - ▶ Click *Menu*
  - ▶ Click *User Preferences*
  - ▶ Click *Audio Play Options*
  - ▶ Click *Audio Off*
  - ▶ Click *Video Options*
  - ▶ Click *Video Off*
  - ▶ Click *Apply*
  - ▶ Click *OK*

You will need to do this each time you launch a course.
  
- \* **The screen you first see when you start a class is called Start-up Options.**

These are the choices and what they mean:

  - ▶ Start Tutorial – ‘Using this Course’
    - This is good to take if you have never taken any NKO courses.  
*It is a good overview on how to use the course.*
  - ▶ Start the Course
    - This is where you click to start learning at the beginning of the course.  
*It is recommended you begin the course here as you will get a better explanation and learn more about the topics.*
  - ▶ Access My Knowledge
    - This is to access your current knowledge and automatically create a personal Learning Track containing only the topics you need to learn.  
*In our experience, by using this one, you miss out on some topics and explanations and then the topics that you do get don't always make sense.*
  - ▶ Fast Track to a Topic
    - This is to search for a specific topic within the course.
  - ▶ Download and Learn
    - Not recommended due to file size.

## TIPS AND TRICKS

- \* **When you visit the NKO website for the first time**, and you are logged into Navy E-Learning, read *Take the Tutorial* under the Get Started section on the left side. It doesn't take long but is very helpful.
- \* **When you first enroll in a course**, view the course sitemap (course menu/course overview, etc.) before beginning a course. This will help familiarize you with the contents of the course so you will know what to expect. Also, you can track your progress (see that your answers are being saved) as you take the course and ensure that you complete all required sections.
- \* **While you are taking NETg Learning Studio courses –**
  - ▶ After taking assessment: go to course map and click *next unit*.
  - ▶ Use the arrow in upper right hand corner to go to next page.
  - ▶ In the simulations, make sure you listen to the person talking because you need to know how to respond to the statement they are making.
- \* **While you are taking SkillSoft courses –**
  - ▶ Use the arrow at the bottom right hand corner to go to the next page.
  - ▶ Some of the test questions require you to select multiple items to answer a question (i.e., check all that apply). If your answer does not reflect all of the correct items, the entire answer is counted as incorrect. (If this occurred for all of the questions, you could end up with a score of "0".) If this occurs, you need to retake the test.
- \* **To print your certificate after completing the course:**  
Click on *EXIT* at the top of course menu. This brings you back to My Enrollments. Click *Refresh* (under your listed classes) to move your class to My Transcripts. Click on *My Transcripts*. Click on *Certificate* and then *Print Certificate*. (Make sure you go to Layout and change the page orientation to landscape.) You may want to keep this copy for your own records.



**NKO HELP DESK**  
Commercial (850) 452-1001, Option 1  
DSN 922-1001, Option 1  
Toll Free (877) 253-7122, Option 2  
Email [nin.helpdesk@netc.navy.mil](mailto:nin.helpdesk@netc.navy.mil)



## FAQs

**1. If I log in as an existing user, select *Click Here to Access Navy E-Learning* and a screen comes up that says:**

ERROR

1. NO CURRENT E-LEARNING USER ACCOUNT.
2. YOUR CURRENT SESSION HAS EXPIRED.

What should I do?

**Answer:** Click on *Register* and fill out requested information – SSN (no dashes), Last Name and Date of Birth and click *Log In*.

**2. What should I do if I get a Security Warning?**

**Answer:** Check (✓) the box that says Always trust content from NETg, Inc; CS.CNET.004; etc. Then click Yes.

**3. Where can I find the Continuing Education Units (CEUs) information for my class?**

**Answer:** When you go to view a course description, in addition to the description, objectives, duration, etc, you will also find how many CEUs you receive for that specific class.

**4. What about those annoying licensed agreement popup boxes?**

**Answer:** It is very important to always answer “Yes” when you first launch any course. If you don’t, your work will not save and you won’t get any credit for taking the course.

**5. What should I do when I have problems logging onto NKO or my class runs very slowly?**

**Answer:** Delete Files and Temp Folder on your computer.  
Close out all Internet applications, i.e., OCHR Apps, Resumix, DCPDS, etc.  
Open Windows Explorer and locate your Temp folder (C:\Documents and Settings\Your user.profile\Local Settings\Temp).  
Delete any MFPrinting folders and any files dated older then current date.  
Close Windows Explorer.  
Open Internet Explorer.  
Open Tools, Internet Options.  
Select Delete Files under Temporary Internet files.  
Select Delete all offline content.  
Select OK.  
Select OK.  
Close Internet Explorer.

