

APPENDIX F

CAREER PROGRAM MANAGER'S (CPM) ASSESSMENT
(ER 350-1-416)

INSTRUCTIONS: This form will be completed by nominee's CPM. Unregistered career program nominees must have this form completed by the CPM representing their career field. If the nominee's occupation is not represented by a career program, this form should be completed by a senior functional representative in the nominee's field of expertise.

1. NOMINEE (Last, First, MI)	2. CAREER PROGRAM NO. OR OCCUPATIONAL FIELD
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3. TRAINING PROGRAM

4. TO WHAT EXTENT IS THIS PROGRAM APPROPRIATE TRAINING FOR THIS STAGE OF THE APPLICANT'S CAREER DEVELOPMENT? (Circle one)

5	4	3	2	1
ESSENTIAL		NOT ESSENTIAL BUT RECOMMENDED		NOT APPROPRIATE

COMMENTS (if appropriate):

5. IS THIS TRAINING AN APPROPRIATE PART OF NOMINEE'S CAREER GOALS? (Check one)

Yes No

COMMENTS (if appropriate):

6. IS THIS TRAINING CONSIDERED HELPFUL TO THE ORGANIZATION IN TERMS OF THE CORPS MISSION? (Explain)

7. DO YOU RECOMMEND THAT THIS NOMINATION BE APPROVED? Yes No

8. STATEMENT OF SUPPORT (if applicable)

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9a. NAME (Type or print)	9b. SIGNATURE	9c. DATE
9d. TITLE	9e. OFFICE SYMBOL	9f. TELEPHONE NO.