Application for Designation of Massachusetts Certified Public Purchasing Officer (MCPPO)

After satisfying the seminar and training requirements for one of the MCPPO designations, an individual may apply for certification in the appropriate category. The application requires information about the applicant’s current position, seminars and trainings completed, relevant work history, education, and any criminal or civil violations. To be eligible for any designation, the applicant must currently hold a public procurement position with a Massachusetts public entity.

### Education and Experience Requirements

<table>
<thead>
<tr>
<th>Designation</th>
<th>Education</th>
<th>Experience</th>
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<tbody>
<tr>
<td>MCPPO</td>
<td>High school diploma or equivalent, and successful completion of the Public Contracting Overview, Supplies and Services Contracting, and Design and Construction Contracting seminars</td>
<td>5 years public procurement, ** including 2 years management or supervisory experience in MA***</td>
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<td>OR Bachelor’s degree and successful completion of the 3 designated seminars</td>
<td>4 years public procurement, ** including 2 years management or supervisory experience in MA***</td>
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<td>OR Bachelor’s degree, qualifying graduate degree in a related field, and successful completion of the 3 designated seminars</td>
<td>3 years public procurement, ** including 2 years management or supervisory experience in MA***</td>
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<td>MCPPO for Supplies and Services</td>
<td>High school diploma or equivalent and successful completion of the Public Contracting Overview and Supplies and Services Contracting seminars</td>
<td>[same criteria as above]</td>
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<td>[same criteria as above for education substitutes]</td>
<td>[same criteria as above]</td>
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<tr>
<td>MCPPO for Design and Construction</td>
<td>High school diploma or equivalent and successful completion of the Public Contracting Overview and Design and Construction Contracting seminars.</td>
<td>[same criteria as above]</td>
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<td>[same criteria as above for education substitutes]</td>
<td>[same criteria as above]</td>
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<tr>
<td>Associate Levels (available for all designations)</td>
<td>High school diploma or equivalent and successful completion of required seminars and training classes as outlined above.</td>
<td>1 year public procurement in MA</td>
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* Required MCPPO seminars must be completed within three years prior to application.

** "Procurement" means buying, purchasing, leasing, or otherwise acquiring supplies, services, design services, or construction work, and all of the functions that pertain to such acquisition, including description of requirements, selection of sources, solicitation and evaluation of offers, contract preparation and award, and all phases of contract administration, performed by an individual employed by a public entity. To qualify as public procurement experience, a position must entail a minimum of 75 hours per month.

*** "Management" means managing or administering a procurement activity, but does not include principally clerical or data entry functions. To be considered a public procurement management position, a position must entail:
- decision-making authority with respect to procurement activities, or
- authority with respect to the procurement activities of public employees whose primary responsibility is procurement, or
- substantial responsibility for providing legal advice on procurement matters to public employees whose primary responsibility is procurement, or
- substantial responsibility for conducting performance reviews or audits of public procurement activities.

"Supervisory" means supervising (with authority to hire and fire) public employees whose primary responsibility is procurement.
Application for Designation of Massachusetts Certified Public Purchasing Officer (MCPPO)

General Information

Mr. Mrs. Ms. Dr.
Name to appear on certificate: ____________________________________________

Last First Middle initial

Job title: ______________________________________________________________

Jurisdiction/agency: __________________________________ Telephone no.: __________

Business address: __________________________ City: ______________ State: __ Zip code: __________

Home address: __________________________ City: ______________ State: __ Zip code: __________

Home telephone: __________________________ D.O.B.: __________ E-mail address: __________________________

Designation Requested

☐ MCPPO ☐ MCPPO for Design and Construction
☐ Associate MCPPO ☐ Associate MCPPO for Design and Construction
☐ MCPPO for Supplies and Services ☐ MCPPO Recertification
☐ Associate MCPPO for Supplies and Services

Dates and titles of MCPPO seminars attended: __________________________________________

________________________________________

________________________________________

Work Experience

List the most recent position and all employment relevant to the designation requirements. Applications for
other than an Associate designation require a separate position description signed by your supervisor that
indicates your management or supervisory experience and responsibilities.

Starting/Ending Dates Employer Jurisdiction/Agency Official Position

________________________________________

________________________________________

________________________________________

________________________________________

Academic Degrees Earned

All applicants must provide information on high school or equivalent. Provide college and graduate school
information if requesting a substitution for work experience.

1. High school or equivalent ______________________________________________________________

2. College ______________________________________________________________

3. Graduate school ______________________________________________________________

4. Other ______________________________________________________________

- Continued -
Mandatory Questionnaire

Application for Designation of Massachusetts Certified Public Purchasing Officer (MCPPO), continued

MCPPO designation may be denied or revoked based on:

- Conviction of a felony or final adjudication by a court or administrative agency of a civil or criminal violation of law relating to procurement, antitrust, conflict of interest, embezzlement, theft, forgery, bribery, falsification or destruction of records, or any other offense indicating a lack of integrity.
- Substantial evidence of willfully supplying to the Office of the Inspector General false information relating to any public procurement or of willful failure to comply with record-keeping requirements prescribed by law or regulation.
- A finding of repeated procurement law violations of sufficient frequency and severity so as to evidence a pattern of noncompliance.

Please answer the questions below. For every “yes” answer, provide a separate written explanation.

1. Have you ever been convicted of a felony? □ Yes □ No

2. Have you ever been convicted or found responsible in a final adjudication by a court or administrative agency of a civil or criminal violation of law relating to procurement, antitrust, conflict of interest, embezzlement, theft, forgery, bribery, falsification or destruction of records, or any other offense indicating a lack of integrity? □ Yes □ No

Release

I hereby swear under the pains and penalties of perjury that the information in this application is complete and accurate. I hereby authorize the Office of the Inspector General to obtain records from all educational institutions and places of employment listed in this application for the purpose of verifying my level of education, employment history and faithful adherence to the law.

Signature of applicant ___________________________ Date ___________________________

Application Fee

NOTE: Faxed applications will not be accepted. Payment must accompany your application. Allow 90 days for processing.

Application Fee: $75 (non-refundable if designation is denied)

Mail to: Office of the Inspector General
MCPPO Program
Attn: Joyce McEntee Emmett, Director
One Ashburton Place, Room 1311
Boston, MA 02108

Reminder: Recertification is required every 3 years from the award date of designation certificate.
Massachusetts Certified Public Purchasing Official Training Program

Criminal Offender Record Information (CORI) Acknowledgement Form

The Office of the Inspector General (OIG) is authorized under the provisions of M.G.L. c. 6, § 172, to receive CORI for the purpose of screening applicants for MCPPO/MCSPO designation, certification and recertification. As an applicant for MCPPO/MCSPO designation, certification or recertification, I understand that a CORI check will be conducted for conviction information only and that the results of the record check will not necessarily disqualify me. I also understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to submit a CORI check for my information to DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice to the OIG of my intent to withdraw consent to a CORI check. By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this acknowledgment form is true and accurate.

Applicant Signature __________________________ Date __________________________

Last Name __________________________ First Name __________________________ Middle Name __________________________

Maiden Name (or Other Name(s) by which you have been known) __________________________

Date of Birth __________________________ Place of Birth __________________________

Mother’s Full Maiden Name __________________________ Father’s Full Name __________________________

Last Six Digits of Your Social Security Number: _________ - __________________________

Address: __________________________ Former Addresses: __________________________

________________________________________

________________________________________

________________________________________

________________________________________

Sex: _____ Height: ____ ft. ____ in. Eye Color: _________

State Driver’s License Number: __________________________ State of Issue: _________

You may submit this form in person to the Office of the Inspector General, at which time you will be required to present a valid government-issued photo identification. Alternatively, you may submit the form by mail, in which case you must first notarize the form and include with it a photocopy of your valid government-issued photo identification.

(For OIG Use Only)

The above information was verified by reviewing the following form(s) of government-issued identification: __________________________

VERIFIED BY:

Name of Verifying Employee (Please Print) __________________________

Signature of Verifying Employee __________________________
Continuing Education Credit Record
For MCPPO Recertification only

Name: _____________________________________________________________________

MCPPO Designation: ________________________________________________________
MCPPO Recertification Date: ________________________________________________

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<tr>
<th>Activity</th>
<th>Sponsor/Organization</th>
<th>Begin/End Dates</th>
<th>Category*</th>
<th>Credits</th>
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*Category codes (required credits): A - Professional Affiliations (6), B - Professional Contributions (15), C - Education and Training (25)