



Massachusetts Certified Public Purchasing Official Program

Massachusetts Office of the Inspector General

One Ashburton Place, Room 1311

Boston, MA 02108

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

After satisfying the class and training requirements for one of the MCPPO designations, an individual may apply for designation in the appropriate category. The application requires information about the applicant's current position, classes 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

Designation	Education	Experience
MCPPO	High school diploma or equivalent, and successful completion of the <i>Public Contracting Overview</i> , <i>Supplies and Services Contracting</i> , and <i>Design and Construction Contracting</i> classes* OR Bachelor's degree and successful completion of the 3 designated classes OR Bachelor's degree, qualifying graduate degree in a related field, and successful completion of the 3 designated classes	5 years public procurement, ** including 2 years management or supervisory experience in MA*** 4 years public procurement, ** including 2 years management or supervisory experience in MA*** 3 years public procurement, ** including 2 years management or supervisory experience in MA***
MCPPO for Supplies and Services	High school diploma or equivalent and successful completion of the <i>Public Contracting Overview</i> and <i>Supplies and Services Contracting</i> classes. [same criteria as above for education substitutes]	[same criteria as above]
MCPPO for Design and Construction	High school diploma or equivalent and successful completion of the <i>Public Contracting Overview</i> and <i>Design and Construction Contracting</i> classes. [same criteria as above for education substitutes]	[same criteria as above]
Associate Levels (available for all designations)	High school diploma or equivalent and successful completion of required classes as outlined above.	1 year public procurement in MA

* Required MCPPO classes 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.

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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: _____

Phone: _____ D.O.B.: _____ E-mail address: _____

Designation Requested

- | | |
|--|--|
| <input type="checkbox"/> MCPPO | <input type="checkbox"/> Associate MCPPO |
| <input type="checkbox"/> MCPPO for Supplies and Services | <input type="checkbox"/> Associate MCPPO for Supplies and Services |
| <input type="checkbox"/> MCPPO for Design and Construction | <input type="checkbox"/> Associate MCPPO for Design and Construction |
| <input type="checkbox"/> MCPPO Recertification | |

Dates and titles of MCPPO classes 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.

	Name and Location	Major	Graduation Year	Degree
1.	High school or equivalent	_____	_____	_____
2.	College	_____	_____	_____
3.	Graduate school	_____	_____	_____
4.	Other	_____	_____	_____

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 and emailed 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
One Ashburton Place, Room 1311
Boston, MA 02108

Reminder: Recertification is required every 3 years from the award date of an MCPPO designation certificate.



GLENN A. CUNHA
INSPECTOR GENERAL

The Commonwealth of Massachusetts

Office of the Inspector General

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CORI Acknowledgement Form

The Office of the Inspector General is registered under the provisions of M.G.L. c. 6, § 172 to receive Criminal Offender Record Information (CORI) for the purpose of screening current and prospective employees, contractors, interns, co-ops, volunteers, license applicants or current licensees.

For prospective or current employees, contractors, interns, co-ops and volunteers, the Office of the Inspector General will request all CORI information, including out-of-state CORI information; for license applicants and current licensees, the Office of the Inspector General will only request information available under standard access as provided by 803 CMR 2.05(4)(a).

As a prospective or current employee, contractor, intern, co-op, volunteer, license applicant or current licensee, I 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 the Office of the Inspector General to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Office of the Inspector General with written notice of my intent to withdraw consent to a CORI check.

I understand that the Office of the Inspector General may conduct subsequent CORI checks within one year of the date this form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this acknowledgement form is true and accurate.

Print Name of CORI Subject

Signature of CORI Subject

Date

SUBJECT INFORMATION

The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

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

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

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 have the form notarized and must include with it a photocopy of your valid government-issued photo identification.

In Person

For OIG Staff:

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

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

Notary

On this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ (name of document signer) and proved to me through satisfactory evidence of identification, which was _____ (e.g., Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Signature of Notary Public (Notary stamp or seal is also required)

Date my Commission expires



Continuing Education Credit Record For MCPPO Designation Renewal only

Name: _____

MCPPO Designation: _____

MCPPO Designation Renewal Date: _____

Activity	Sponsor/Organization	Begin/End Dates	Category*	Credits

*Category codes (required credits): A - Professional Affiliations (6), B - Professional Contributions (15), C - Education and Training (25)