



# Strategic Sourcing Certificate Program Application: FY23

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Secretariat: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Important Note:** The application deadline is September 8, 2022, and the class size is limited to 20. Applicants who apply after the course is full will be put on a waiting list. You will receive a confirmation e-mail from the instructor once your application has been approved. Emailing OSD your application does not automatically guarantee attendance.

| Section                 | Day 1                   | Day 2                   | Day 3                | Day 4                 | Day 5                 | Back-up Date            |
|-------------------------|-------------------------|-------------------------|----------------------|-----------------------|-----------------------|-------------------------|
| Section #: 52 - Virtual | Tuesday<br>September 20 | Tuesday<br>September 27 | Tuesday<br>October 4 | Tuesday<br>October 11 | Tuesday<br>October 18 | Wednesday<br>October 26 |

**PREREQUISITE:** Participants are required to take OSD’s “Essentials of State Procurement” class before attending SSCP.

1. Have you completed the prerequisite course “Essentials of State Procurement?”

- Yes If Yes, please list the date: \_\_\_/\_\_\_/\_\_\_\_\_
- No If No, please indicate date you will be attending: \_\_\_/\_\_\_/\_\_\_\_\_

2. Describe your previous experience working in procurement and/or purchasing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of years: \_\_\_\_\_

3. If applicable, please specify if you will need a Reasonable Accommodation.

- Hearing Impaired      Mobility Impaired      Vision Impaired      Other

Accommodation: \_\_\_\_\_

4. Confirm you have access to the following: Internet Access: Y N Microphone: Y N Webcam: Y N

5. Indicate if you have access to the following: Microsoft Office 365: Y N Microsoft Teams: Y N

### Statement of Commitment (Required)

Please read and agree to the following statement of commitment:  
I agree to participate in OSD’s Strategic Sourcing Certificate Program and to attend all scheduled classes.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

### Agency/CPO Supervisor Commitment (Required)

I support the participation of \_\_\_\_\_ in OSD’s Strategic Sourcing Certificate Program.  
I will support the applicant as she/he completes all program requirements.

Supervisor Name (PRINT): \_\_\_\_\_

Supervisor Signature (ELECTRONIC): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Agency CPO/Supervisor Name (PRINT): \_\_\_\_\_

**E-Mail completed application to OSD Training: [osdtraining@mass.gov](mailto:osdtraining@mass.gov) and cc: [erin.powers@mass.gov](mailto:erin.powers@mass.gov)**

**Note:** The Strategic Sourcing Certificate Program consists of five one-day module courses. Once you are confirmed as a registered participant, you will be required to attend all five days to earn your certificate. **Please ensure that your schedule allows for full day participation each day.**