



Strategic Sourcing Certificate Program Application: FY23

Applicant Name: _____ Title: _____

Agency: _____ Secretariat: _____

Work Address: _____

Work Phone Number: _____ Email Address: _____

Important Note: The application deadline is January 5, 2023, and the class size is limited to 30. 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 #: 53 - Virtual	Wednesday January 18	Wednesday January 25	Wednesday February 1	Monday February 6	Wednesday February 15	Wednesday February 22

PREREQUISITE: Participants are required to take OSD's "Essentials of State Procurement" class before attending SSCP.

We would appreciate your candid response to the following questions:

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: ____/____/____

Describe your previous experience working with/conducting procurement and/or purchasing:

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

☐ Hearing Impaired

☐ Mobility Impaired

☐ Vision Impaired

☐ Other

Accommodation: _____

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

4. 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 and cc: 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.**