



Strategic Sourcing Certificate Program Application: FY24

Applicant Name: _____ Title: _____

Agency: _____ Secretariat: _____

Work Address: _____

Work Phone Number: _____ Email Address: _____

Important Note: The application deadline is January 12, 2024, 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 #: 56 - Virtual	Thursday January 25	Thursday February 1	Thursday February 8	Thursday February 15	Thursday February 22	Thursday February 29

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: ___/___/___

2. Describe your previous experience working with/conducting 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’s completion of 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 each running approximately from 9:00 a.m. to 3:30 p.m.. Program completion requires attending all five days and completing all assignments. **Please ensure that your schedule allows for full day participation each day.**