



# Strategic Sourcing Certificate Program Application: FY24

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

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

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

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

**Important Note:** The application deadline is April 29, 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 #: 57 - Virtual	Wednesday May 8	Wednesday May 15	Wednesday May 22	Wednesday May 29	Wednesday June 5	Tuesday June 11

**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 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](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 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.**