



Strategic Sourcing Certificate Program Application: FY26

Applicant Name: _____ Title: _____

Agency: _____ Secretariat: _____

Work Address: _____

Work Phone Number: _____ Email Address: _____

Important Note: The application deadline is October 9 2025 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 admission.

Section	Day 1	Day 2	Day 3	Day 4	Day 5	Back-up Date
Section #: 6 - Virtual	Thursday \\	Thursday \\	Thursday October 30	Thursday November 6	Thursday November 13	Thursday November 20

We would appreciate your candid response to the following questions:

1. Have you completed the prerequisite course "Essentials of State Procurement?" (Required within the three-year period preceding the SSCP program.)

☐ 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 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.**