

TRAINING COURSE TITLE

### Career Program CP-56



#### Competitive Professional Development (CPD) Application

#### **Privacy Act Statement**

#### APPLICANTS MUST CREATE GOARMYED STUDENT ACCOUNT PRIOR TO SUBMITTING APPLICATION

Authority - This information is being collected under the authority of 5 U.S.C. § 4115, a provision of The Government Employees Training Act.

Purposes and Uses - The primary purposes of the information collected in this application is for use in the selection of applicants to participate in centrally funded training opportunities. Your completed application will be used by a selection board of subject matter experts to determine if you are highly qualified for consideration for Army-sponsored training. Your application may also be used by other officials in the selection process, in developing training plans, and in other phases of the program. Information you supply may also be used for preparing reports and replying to correspondence.

Effects and Nondisclosure - Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.

APPLICANTS MUST CREATE GOARMYED STUDENT ACCOUNT PRIOR TO SUBMITTING APPLICATION						
APPLICANT INFORM	ATION					
LAST NAME		FIRST N	IAME	MIDDLE INITIAL		
GO ARMY ED USER	ID NUMBER*	EMAIL A	ADDRESS			
*Once your student account is careful account is careful and the User			that are located in the upper left o	corner of the main screen. Go to "My		
PAY PLAN	GRADE	SERIES	START D	OATE OF IVILIAN SERVICE		
COMMAND/DRU		OFFICE PHONE NUMBER		WILIAM SERVICE		
OFFICE MAILING AD	DRESS					
CITY	STATE/T	ERRITORY	COUNTRY	ZIPCODE		
I have a governmer YES	nt travel card. NO					
I have read the training announcement and certify I meet all of the eligibility requirements and have attached a copy of my Civilian Record Brief or Civilian Career Report to my application.  YES NO						
If no, explain:						
I have completed, assembled, and submitted my application in accordance with the announced guidance and deadline. I understand my application may be disqualified if any document is missing, incomplete, or illegible.						
APPLICANT'S SIGNA	TURE		DATE			
COURSE INFORMATION						



APPLICANT'S SIGNATURE

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n 500 words or less, explain why you are applying for this training program or course and how you will utilize the new skills, competencies, and/or knowledge acquired from this training to benefit the Army. Explain how the proposed training furthers your personal development and detail what you hope to gain from the training.					



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UTILIZATION PLAN (TO BE COMPLETED BY SUPERVISOR)  In 500 words or less, describe how the new skills and knowledge your employee will acquire during this training will be utilized in his the agreement position and how this will be positive your organization and the Army.					
his/her current position and how this will benefit your organization and	the Army.				
SUPERVISOR'S NAME	POSITION TITLE				
SUPERVISOR'S EMAIL	PHONE NUMBER				
SUPERVISOR'S SIGNATURE	DATE				



HEAD OF OFFICE'S SIGNATURE

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ENDORSEMENT (TO BE COMPLETED BY HEAD OF OFFICE)  The Endorsement is only required if the Utilization Plan is completed and signed by someone other than the head of your office. For legal offices the head of your office is typically your SJA/DSJA, CJA, Chief/Deputy Counsel, District Counsel, or equivalent. For those not in a legal office, typically the head of an office will be at least a LTC or GS-13.				
LIEAD, OF OFFICE'S NAME	DOCUTION TITLE			
HEAD OF OFFICE'S NAME HEAD OF OFFICE'S EMAIL	POSITION TITLE PHONE NUMBER			

DATE