



Career Program CP-56



Competitive Professional Development (CPD) Application

Privacy Act Statement

MUST HAVE GOARMYED STUDENT ACCOUNT CREATED TO BE ELIGIBLE TO ATTEND TRAINING (NO EXCEPTIONS)

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.

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APPLICANT INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL

GO ARMY ED USER ID NUMBER* EMAIL ADDRESS

**Once your student account is created on GoArmyEd, login and navigate to the smart links that are located in the upper left corner of the main screen. Go to "My Education Record" and the User ID field is below the Date of Birth.*

PAY PLAN GRADE SERIES START DATE OF PERM ARMY CIVILIAN SERVICE

COMMAND/DRU OFFICE PHONE NUMBER

OFFICE MAILING ADDRESS

CITY STATE/TERRITORY COUNTRY ZIPCODE

I have a government credit card.

YES NO

I have read the training announcement and certify I meet all of the eligibility requirements.

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 SIGNATURE

.....
DATE

COURSE INFORMATION

TRAINING COURSE TITLE



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STATEMENT OF INTEREST (TO BE COMPLETED BY APPLICANT)

Explain how the proposed training furthers your personal development and detail what you hope to gain from the training. Your statement should address specifically how the applicable core competencies taught during the Graduate Course (criminal law; administrative and civil law; legal assistance; international and operational law; government contract and fiscal law; professional development; and professional writing) will be utilized in your current position or a position you hope to hold in the future.

.....
APPLICANT'S SIGNATURE

.....
DATE



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UTILIZATION PLAN (TO BE COMPLETED BY SUPERVISOR)

Plan should reflect the anticipated measureable return of value/return on investment to the organization and/or Army, i.e., what will be the benefit of the applicant's participation in the training. Please indicate specifically how the employee, in his/her current position, will utilize the Graduate Course training in the core competency areas of criminal law; administrative and civil law; legal assistance; international and operational law; government contract and fiscal law; professional development; and professional writing.

SUPERVISOR'S NAME
SUPERVISOR'S EMAIL

POSITION TITLE
PHONE NUMBER

.....
SUPERVISOR'S SIGNATURE

.....
DATE



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ENDORSEMENT (TO BE COMPLETED BY HEAD OF LEGAL OFFICE)

The endorsement is only required if the utilization plan is completed and signed by someone other than the head of the legal office.

HEAD OF OFFICE'S NAME
HEAD OF OFFICE'S EMAIL

POSITION TITLE
PHONE NUMBER

.....
HEAD OF OFFICE'S SIGNATURE

.....
DATE