### Continuing qualification Evaluation Requirements

**Completed at conclusion of Initial Evaluation**

<table>
<thead>
<tr>
<th>Continuing qualification Evaluations to be conducted each</th>
<th>Continuing qualification evaluations are due as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(fill in) __ months</td>
<td>(month) and (month) and (month) (enter or strike out, as appropriate)</td>
</tr>
</tbody>
</table>

Allotting _____ hours of FTD time.

Signed: ____________________________________________________________

NSPM / Evaluation Team Leader

Date

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**Revision:**

Based on (enter reasoning):

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Based on (enter reasoning):

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Signed: ____________________________________________________________

NSPM / Evaluation Team Leader

Date

(Repeat as Necessary)