### Continuing qualification Evaluation Requirements

**Completed at conclusion of Initial Evaluation**

Continuing qualification Evaluations to be conducted each

(fill in) months

Allotting _____ hours of FTD time.

Signed: 
NSPM / Evaluation Team Leader

Date

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**Revision:**

Based on (enter reasoning):

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Continuing qualification Evaluations are to be conducted each

(fill in) months. Allotting _____ hours.

Signed: 
NSPM / Evaluation Team Leader

Date

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**Revision:**

Based on (enter reasoning):

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Continuing qualification Evaluations are to be conducted each

(fill in) months. Allotting _____ hours.

Signed: 
NSPM / Evaluation Team Leader

Date

(Repeat as Necessary)