Continuing qualification Evaluation Requirements

*Completed at conclusion of Initial Evaluation*

Continuing qualification Evaluations to be conducted each

(fill in) months

(month) and (month) and

(month)

Allotting _____ hours of FTD time.

Signed:

________________________

NSPM / Evaluation Team Leader

Date

Revision:

Based on (enter reasoning):

Continuing qualification Evaluations are to be conducted each

(fill in) months. Allotting _____ hours.

(month) and (month) and

(month)

(enter or strike out, as appropriate)

Signed:

________________________

NSPM / Evaluation Team Leader

Date

(Repeat as Necessary)