

REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY OF THE ARMY
FINANCIAL MANAGEMENT AND COMPTROLLER
109 ARMY PENTAGON
WASHINGTON DC 20310-0109

SAFM-PO

28 January 2015

SUBJECT: Army Professional Certification Reimbursement Guidance, FY 2015

1. REFERENCES.

- a. The National Defense Authorization Act (NDAA) for FY 12, Title 10 General Provisions, § 1051.
- b. Memorandum, Office of the Under Secretary of Defense (Comptroller) (OUSD(C)), 23 DEC 14, subject: DoD Civilian Reimbursement for Financial Management-Related Professional Certifications, Licenses and Related Expenses – Authorized Expenses.
- c. Memorandum, Office of the Under Secretary of Defense (Comptroller) (OUSD(C)), 7 OCT 14, subject: DoD Civilian Reimbursement for Financial Management-Related Professional Certifications, Licenses and Related Expenses – Updated List of Eligible Certifications.
- d. Memorandum, Office of the Assistant Secretary of the Army, Manpower and Reserve Affairs (M&RA), 17 Jun 02, Subject: Payment of Expenses to Obtain Professional Credentials.
- e. Title 5 US Code, §5757 and enacted in the NOAA for FY 02, §1112.

2. PURPOSE. This guidance implements and prescribes the criteria and limitations for Professional Certification Reimbursement of certification/licensing expenses.

3. BACKGROUND. The references above permit agencies to pay for employees to obtain professional certification on state-imposed and professional licenses, professional certification and examination costs associated with attaining the credential. This authority is not an entitlement or benefit of employment and approvals are based on funds available. The Office of the Assistant Secretary of the Army, Financial Management and Comptroller (OASA (FM&C)), Army Comptroller Propensity administers this program for Career Program (CP) 11.

4. REIMBURSEMENT. Funding pertaining to the Financial Management Professional Certification Civilian reimbursement will be managed by the HQDA Budget Office (G-8).

- a. Reimbursement of certification/licensing expenses will be:
 - (1) Subject to the availability of funds.
 - (2) Made on a first-come, first-served basis.
- b. Reimbursement will be considered for the following expenses related to obtaining approved licenses or certificates:
 - (1) Examination fees (limited to those exams that achieve a passing score – only reimbursed when all exams leading to the credential sought are met).
 - (2) License/certification fees (initial, renewal, registration fee). (**Note:** reimbursement is made only once all parts to receive the credentialing have been successfully met - *example: requester has passed all three modules of the CDFM*).
- c. The following expenses will not be reimbursed under this policy:
 - (1) Applicant's membership fees in societies or professional associations dues.

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- (2) Tuition/fees for formal (instructor-led or self-study) examination preparatory/review courses.
 - (3) Travel, per diem and/or other miscellaneous expenses.
 - (4) Registration extension fees or renewal late fees.
- d. Reimbursement to any one individual for multiple certifications in the same Fiscal Year (FY) will be considered by OASA (FM&C), SAFM-PO (must have prior approval from the Functional Chief Representative (FCR) to pursue multiple certifications).
- e. The employee requesting reimbursement must have written approval from the appropriate approving official (See form at ENCL 1).

5. EMPLOYEE ELIGIBILITY. To receive licensure/certification sponsorship under this policy, an employee must:

- a. Be a current Department of the Army Civilian (DAC) employee. (Does not include Military, Local Nationals (LN) or Foreign Nationals (FN)).
- b. Occupy a CP 11 financial management-coded position and/or hold a Financial Management (or shared) Occupational Series.
- c. Meet prerequisite to certifications established by the certifying/licensing authority.
- d. Have a current performance appraisal reflecting a rating of "acceptable" or higher.

Note: *Employees that are excepted from competitive service occupying confidential, policy-determining, policy-making, or policy-advocating positions are not eligible (i.e., Schedule Cs, Non-career Senior Executive Service (SES) and Presidential Appointee with Senate confirmation (PAS))*

6. STEPS FOR REQUESTING REIMBURSEMENT.

STEP 1: Requesting Authorization to Pursue Professional Credentialing.

- a. Employee completes the CP 11 Request for Professional Certification Reimbursement Approval Form (ENCL 1). The form should be approved by the supervisor. *The approving supervisor's signature on the reimbursement form serves as verification that:*
 - (1) The certification or license is job-related.
 - (2) Certification meets professional development needs, as indicated on the requestors Individual Development Plan (IDP) within the Army Career Tracker (ACT) database.
 - (3) The anticipated professional license/certificate is achievable and realistic.

Applicant successfully passed the credentialing examination(s) and is eligible to receive reimbursement. (**Note:** *reimbursement is made only once all parts to receive the credentialing have been successfully met - example: requester has passed all three modules of the CDFM*). Applicant must provide proof of

- (4) achieved credentials - a letter or email (with business contact information and signatory) from the credentialing body identifying the applicant and a statement the applicant has met the requisites for an approved credential and expense receipts.
- b. Employee will submit supervisor approved packet to their CJEC member, who will approve the Professional Certification Reimbursement Form (ENCL 1) based on the allocated funding amount requested.
- c. CJEC member will notify the employee that the request has been approved. (**Note:** ensure the CP11 PM is c/c'd for visibility).
- d. Careerist will pursue credentialing and advise the CJEC immediately upon successful completion.

STEP 2: Requesting & Receiving Payment for Authorized Professional Credentialing.

1. Requesting payment:

- a. *Requester will:*
 - i. Complete an SF1034 form "Public Voucher for Purchases and Services Other Than Personal" (ENCL 2) and submit to their CJEC member for processing along with all other documentation (i.e., Approved ENCL 1 and all substantiating receipts). (**Note:** DFAS Vendor ID/MISC Payment ID is required to complete this form).
- b. *CJEC Member will:*
 - i. Submit completed packet (ENCLs 1, 2 and all substantiating receipts) to the Comptroller Proponency mailbox: usarmy.pentagon.hqda-asa-fm.mbx.proponency@mail.mil. Please ensure email subject is titled: "Professional Certification – *CMD Name*" to ensure visibility of request.
(C/c Mr. Brandon Robinson (Brandon.p.robinson1.civ@mail.mil))
- c. *CP11 Functional Chief Representative (FCR) will:*
 - i. Review all completed packets and provide final signature for approval (ENCL 1) (**Note:** incomplete packets will not be accepted by the FCR).
- d. *CP11 Program Manager (PM) will:*
 - i. Submit all FCR approved packets weekly (COB Friday(s)) for processing to HQDA (G8) Budget Office (BO).

2. Receiving Payment:

- a. Payment will be received within 2 weeks (est.) from the date of Obligation. Payment processing is through the General Fund Enterprise Business System (GFEBS) and paid by Defense Finance and Accounting Services (DFAS) as a miscellaneous payment (OMA-Direct).

7. Reimbursement Program Status Updates.

- a. Updates will be managed through the "FY15 Execution Report" template (ENCL 3) and will be reconciled quarterly. Information should be submitted NLT the date indicated below.

1 st & 2 nd Quarter Execution Report is Due NLT	15 April 2015
3 rd Quarter Execution Report is Due NLT	01 July 2015
4 th Quarter Execution Report is Due NLT	Final 15 SEPT 2015

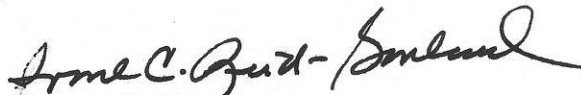
8. POLICY REVIEW.

- a. This guidance will be reviewed annually and amended as required. Contact the Comptroller Proponency Office at 703-695-7655 for additional questions.

9. CERTIFICATIONS COVERED.

- a. This Policy covers the following Professional Certifications
- a. Accredited Business Accountant (ABA)
 - b. Accredited in Business Valuation (ABV)
 - c. Certified Accounts Payable Professional (CAPP)
 - d. Certified Business Manager (CBM)
 - e. Certified Cost Professional (CCP)
 - f. Certified Cost Estimator/Analyst (CCE/A)
 - g. Certified Defense Financial Manager (CDFM)
 - h. Certified in Financial Forensics (CFF)
 - i. Certified Forensic Accountant (Cr.FA)
 - j. Certified Fraud Examiner (CFE)
 - k. Certified Government Auditing Professional (CGAP)
 - l. Certified Government Financial Manager (CGFM)
 - m. Certified Information Systems Auditor (CISA)
 - n. Certified Internal Auditor (CIA)
 - o. Certified Management Accountant (CMA)
 - p. Certified Payroll Professional (CPP)
 - q. Certified Public Accountant (CPA)
 - r. Certified Quality Auditor (CQA)
 - s. Certified Treasury Professional (CTP)
 - t. Forensic Certified Public Accountant (FCPA)

Additional information on certifications is located at the FOnline website, please visit:
<https://fmonline.ousdc.osd.mil/FMCerts.aspx> for updated pertinent information.



Ivonne Reid-Borland
Functional Chief Representative

Encls 3

- 1 Request for Professional Certification Reimbursement
- 2 Public Voucher for Purchases and Services Other Than Personal Form (SF1034)
- 3 FY15 Execution Report Template

ENCL 1: PROFESSIONAL CERTIFICATION APPROVAL FOR REIMBURSEMENT FORM

Privacy Act Statement

The following information is provided to comply with Privacy Act of 1974 (PL 93-579). Authority: 5 USC 5757, NDAA FY 2002 §1112; PL 107-107 and NDAA FY 2012 §1051; PL 112-81. Principle Purpose(s): Information collected on this form will be used to reimburse the requesting employee for expenses incurred to obtain professional financial management credentials. Professional credentials include expenses for professional accreditation, State-imposed professional licenses and professional certification and examinations to obtain credentials. Used for reviewing, approving, accounting and disbursing reimbursement and used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

Routine Use(s): To substantiate claims for reimbursement for professional financial management credentials. The employee requesting reimbursement under this authority must have written approval from their supervisor prior to incurring the expense. Reimbursement will be through the completion of SF 1034 and SF 3881 (if necessary) and will be paid from the appropriation that pays the employee's salary. Payment shall be made on a reimbursable basis upon the successful receipt of the credential and approvals on this form.

Disclosure: Voluntary; however, failure to furnish information requested may result in denial of amount claimed and may prevent the receipt of payments through the electronic funds transfer or deployable disbursing system (ETS/DDS) programs.

APPLICANT COMPLETES THIS SECTION:

Full (first, last) Name: _____ Series/Pay Grade: _____

Organization: _____ Signature: _____

Work E-mail and Phone#: _____

Certification or License Name:		
Expense(s), \$s and Date occurred:		
Registration Fee:		
Examination Fee:		
Renewal Fee (renewal period):		
Total		

Note: if multiple exams are required for certification or license, show each separately. (Box can be copied to account for multiple exam requirements – such as CDFM)

SUPERVISOR COMPLETES THIS SECTION:

Is certification or license job related? Yes ____ No ____

Anticipated award date (by certifying organization): _____

Application Includes Proof(s) (receipt(s) or award e-mail/letter with cost): Yes ____ No ____

Name, Title: _____

Organization Name: _____

Submit one document per employee (both pages submitted for reimbursement request) to the SAFM-PO mailbox: (usarmy.pentagon.hqda-asa-fm.mbx.proponency@mail.mil). Upon approval reimbursable funds will be issued as a FAD to GFEBS account noted. Please type all information with exception to authorizing signature(s).

ENCL 1: PROFESSIONAL CERTIFICATION APPROVAL FOR REIMBURSEMENT FORM

Organization official mailing address: _____

Work E-mail and phone #: _____

Approving Supervisor Signature

Date

CP 11 JUNIOR EXECUTIVE COUNCIL (CJEC) MEMBER COMPLETES THIS SECTION
(not to exceed funding allocated)

CJEC Name/Grade: _____

E-mail and Phone #: _____

Organization Name: Headquarters: _____

Organization Mailing Address: _____

Validate Acceptable Proof(s): Yes _____

Approving Signature: _____ Component Claim # _____

Date: _____ Approve New: _____ Approve Renewal: _____

FUNCTIONAL CHIEF REPRESENTATIVE (FCR) COMPLETES THIS SECTION
(FCR may formally delegate approval)

Name, Title: _____

Organization Name: _____

Organization official mailing address: _____

Work E-mail and phone #: _____

FCR

Date

**Submit one document per employee (both pages submitted for reimbursement request)
to the SAFM-PO mailbox: (usarmy.pentagon.hqda-asafm.mbx.proponency@mail.mil).
Upon approval reimbursable funds will be issued as a FAD to GFEBS account noted.
Please type all information with exception to authorizing signature(s).**

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.		
			CONTRACT NUMBER AND DATE		PAID BY		
			REQUISITION NUMBER AND DATE				
PAYEE'S NAME AND ADDRESS					DATE INVOICE RECEIVED		
					DISCOUNT TERMS		
					PAYEE'S ACCOUNT NUMBER		
					GOVERNMENT B/L NUMBER		
SHIPPED FROM			TO		WEIGHT		
NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>		QUAN- TITY	
						UNIT PRICE COST PER	
						AMOUNT (1)	
TOTAL							
(Use continuation sheet(s) if necessary)							
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR BY ²		EXCHANGE RATE =\$1.00		DIFFERENCES	
		TITLE		Amount verified; correct for payment		(Signature or initials)	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
(Date)		(Authorized Certifying Officer) ²			(Title)		
ACCOUNTING CLASSIFICATION							
P A I D B Y	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		
	CASH \$		DATE		ON (Name of bank)		
				PAYEE ³			
1. When stated in foreign currency, insert name of currency. 2. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3. When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						PER	
						TITLE	

Previous edition usable

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PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

