Application for ACTEDS Training Opportunities

PRIVACY ACT NOTICE				
FOR ACTEDS TRAINING OPPORTUNITIES will be used by a rating Army-sponsored training. It may also be reviewed by selecting officia	panel of s	following: AUTHORITY: 5 USC 3302. PURPOSES & USES: Your completed APPLICATION subject matter experts in determining whether you are highly qualified for consideration for er personnel involved in the selection process, in developing training plans, and in other reports, and replying to correspondence. Pre-course information may be sent to selectee's		
	nis form. T	ete this form and sign it verifying that all information needed to make selections for Army-wide The <u>applicant</u> is responsible to ensure that this application package is routed through the spense date in the announcement.		
Name (Last, First, MI):		Career Program/Field and Code: <u>Click HERE</u> for a list of Career Programs to cut/paste from		
Duty Location:		Title, Pay Plan, Series, and Grade (If NAF, state GS equivalency)		
Office Telephone Number:		Major Army Command/ Independent Reporting Activity:		
DSN Telephone Number:		Office Fax Number:		
E-mail Address:				
Mailing Address:		Home Telephone Number:		
s	снос	DL OR PROGRAM		
	<u>Corr</u>	npetitive Professional Development		
 DELDP FEI Harvard SEF SLS 	•	DEV ASSIGNMENTS STT (Less than 120 work days) TWI		
	•	DCP		

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



If no, explain:

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Do you have a pending personnel action which will result in a change of position?



If yes, describe the action, date and pending change:

 Are you in an overseas position? YES NO
If you are applying for long term training (120 or more work days), give the date of overseas assignment:
 I have reviewed my application package and have COMPLETED and ATTACHED all of the forms required in the announcement.
● YES● NO
I HAVE COMPLETED, ASSEMBLED AND SUBMITTED MY APPLICATION IN ACCORDANCE WITH THE ANNOUNCED
GUIDANCE AND LOCAL DEADLINES. <u>I UNDERSTAND THAT MY APPLICATION WILL BE RETURNED WITHOUT ACTION IF,</u> <u>UPON RECEIPT AT ITS FINAL DESTINATION, ANY REQUIRED DOCUMENT IS MISSING, INCOMPLETE OR ILLEGIBLE.</u>
LCEPTIEV THAT TO THE REST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION ON AND ATTACHED TO

I CERTIFY THAT, TO THE BEST OF MY KNOWLI DGE AND BELIEF, ALL OF THE INFORMATION ON AND ATTACHED TO THIS APPLICATION IS TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

Signature