

**Figure A4G – Sample Continuing Qualification Evaluation Requirements Page
INFORMATION**

Recurrent Evaluation Requirements	
<i>Completed at conclusion of Initial Evaluation</i>	
Recurrent Evaluations to be conducted each	Recurrent evaluations are due as follows:
<u> (fill in) </u> months	<u> (month) </u> and <u> (month) </u> and <u> (month) </u>
Allotting _____ hours of FTD time.	(enter or strike out, as appropriate)
Signed: _____	_____
NSPM / Evaluation Team Leader	Date

Revision:	
Based on (enter reasoning):	
Recurrent Evaluations are to be conducted each	Recurrent evaluations are due as follows:
<u> (fill in) </u> months. Allotting _____ hours.	<u> (month) </u> and <u> (month) </u> and <u> (month) </u>
Signed: _____	_____
NSPM Evaluation Team Leader	Date

Revision:	
Based on (enter reasoning):	
Recurrent Evaluations are to be conducted each	Recurrent evaluations are due as follows:
<u> (fill in) </u> months. Allotting _____ hours.	<u> (month) </u> and <u> (month) </u> and <u> (month) </u>
Signed: _____	_____
NSPM Evaluation Team Leader	Date

(Repeat as Necessary)