

**Figure B4G – Sample Continuing Qualification Evaluation Requirements Page
Information**

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

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

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

(Repeat as Necessary)