Attachment 4 to Appendix C to Part 60—
Figure A4G – Sample Continuing Qualification Evaluation Requirements Page
INFORMATION

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

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

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

(Repeat as Necessary)