EQUIVALENCY REQUEST

PRINCIPAL PURPOSE: To evaluate and determine the status of mandatory DCMA Earned Value Management Specialist Certification Program (ESCP) training (non-DAU) and work experience requirements.

ROUTINE USE(S): The information provided is used for verification by the individual's Supervisor and ESCP Board to ensure that mandatory ESCP training and work experience requirements have been fulfilled.

DISCLOSURE: Voluntary; however, failure to provide requested information may preclude an effective evaluation to determine an individual's status of mandatory EVM training or work experience meeting the requirements of ESCP.

SECTION I – INDIVIDUAL REQUEST *(Type or print in ink)*

NAME *(Last, First, Middle initial)*	COURSE NUMBER (Required)
COURSE TITLE OR WORK EXPERIENCE DESCRIPTION	WORK EXPERIENCE LEVEL (Required)

STATEMENT

I propose that the skills and knowledge provided by the DCMA mandatory course/other training requirement/work experience identified above have been obtained by other experience, education, equivalency test, or alternate training. Based on the attached justification and supporting documents, I request that this be considered as an equivalency to the mandatory EVM training requirement or work experience indicated above.

SIGNATURE		DATE SIGNED *(YYMMDD)*	CHECKLIST COMPLETED? (Required)
TITLE		JOB SERIES	GRADE/RANK
OFFICE SYMBOL	LOCATION	CURRENT LEVEL (Required)	DATE ENTERED CURRENT LEVEL *(YYMMDD)*

SECTION II – SUPERVISOR'S VERIFICATION

CONCURRENCE/NON-CONCURRENCE (check one)

☐	a. CONCUR- individual's evidence provided above is correct and verified.	☐	b. DO NOT CONCUR (Return request to individual)

COMMENTS FOR NON-CONCURRENCE (optional)

SUPERVISOR NAME AND SIGNATURE		DATE SIGNED *(YYMMDD)*
JOB TITLE	OFFICE SYMBOL	LOCATION

SECTION III – DISPOSITION BY ESCP BOARD

APPROVAL/DISAPPROVAL (check one)

☐	a. APPROVED	☐	b. DISAPPROVED

SIGNATURE OF ESCP BOARD OFFICIAL		DATE SIGNED *(YYMMDD)*
JOB TITLE	OFFICE SYMBOL	LOCATION

REASON FOR DECLINING THIS REQUEST

Instructions for completing this form:

SECTION I

NAME: Individual's Last, First, Middle initial

COURSE NUMBER: Identify the Course number (if any) for which the individual is submitting an equivalency request. If there is no course number, write, "N/A"

COURSE TITLE OR WORK EXPERIENCE DESCRIPTION: The title of the course OR the description of the work experience for which the individual is submitting fulfillment request

COURSE LEVEL: Write the applicable level at which the course was required under ESCP (Entry, Journey, or Expert level). This information can be found in the ESCP Learning Maps (ESCPI-105).

STATEMENT: The statement requires the individual to attach justification and supporting documents that are used to meet the equivalency requirement. Provide documentation to show that the individual obtained the knowledge required by the course or work experience identified above. The documentation should be a copy of college transcripts, certificates of course completions, copy of equivalency test taken, or updated resume describing the equivalent work experience. A brief statement also should be included to show how the alternate course or work experience is equivalent to the requirements mandated by the ESCP.

SIGNATURE/DATE: Individual signature and date

CHECKLIST ATTACHED?: Complete attached checklist that corresponds to the class in which equivalency is being requested.

> To be completed by Applicant: Applicant shall complete Work Description/Justification column of each objective. Applicant shall include examples or documentation where required by the objective (course certificates, transcripts, example Guideline Evaluation Form for EVMS 105, etc.). Applicant shall digitally sign at the bottom of the form.
>
> To be completed by Verifier: Verifier shall digitally sign Verifier Signature column for each objective upon viewing the Applicant's successful, live demonstration. Verifiers shall also digitally sign at the bottom of the form. Verifiers must be ESCP Journey or Expert certified. Contact ESCPBoard@dcma.mil for a list of Verifiers.
>
> To be completed by Supervisor: Supervisor shall digitally sign upon concurrence.
>
> To be completed by ESCP Board: ESCP Board shall complete the Objective Achieved and Comments column.

TITLE: Individual's Job Title (e.g. EVMS Specialist/Monitor, Industrial Engineer; etc.)

JOB SERIES: Individual's Job Series (e.g. 0896, 1101, 1515, etc.)

GRADE/RANK: Individual's Grade/Mil Rank (e.g. GS-12, YC-3)

OFFICE SYMBOL: Individual's office symbol (e.g. DCMAG-OT)

LOCATION: Individual's office location

CURRENT LEVEL: Individual's current level in the ESCP (Entry/Journey/Expert) – complete this block ONLY if the individual is already an accepted ESCP Member

DATE ENTERED CURRENT LEVEL: Write the date that the individual entered into the current level in the ESCP – complete this block ONLY if the individual is already an accepted ESCP Member

SECTION II

Section II is completed by the individual's immediate Supervisor of record.

CONCURRRENCE/NON-CONCURRENCE: Place an "X" in the appropriate block

COMMENTS FOR NON-CONCURRENCE (optional): Provide any additional information on the reason for non-concurrence.

SUPERVISOR NAME AND SIGNATURE: Write the name (last, first, and middle initial) of the Supervisor, sign and date.

JOB TITLE: Supervisor's job title (e.g. Director of Technical Operations; Technical Team leader, etc.)

OFFICE SYMBOL: Supervisor's office symbol

LOCATION: Supervisor's Duty location

SECTION III

Section III is completed by the ESCP Board

APPROVAL/DISAPPROVAL: Place an "X" in the appropriate block

SIGNATURE OF APPROVING ESCP BOARD OFFICIAL: Signature of ESCP Board Official and date.

JOB TITLE: ESCP Board Official's job title

OFFICE Symbol: ESCP Board Official's office symbol

LOCATION: ESCP Board Official's duty location

The EVM Center Director has final decision authority when the ESCP Board is unable to make the final decision.