

**Figure B4H – Sample Continuing Qualification Evaluation Requirements Page  
INFORMATION**

**Continuing qualification Evaluation Requirements**

*Completed at conclusion of Initial Evaluation*

Continuing qualification Evaluations to be conducted each  ___(fill in)___ months  Allotting _____ hours of FTD time.  Signed: _____ NSPM / Evaluation Team Leader	Continuing qualification evaluations are due as follows:  ___(month)___ and ___(month)___ and ___(month)___ (enter or strike out, as appropriate)  _____ Date
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**Revision:**

Based on (enter reasoning):

Continuing qualification Evaluations are to be conducted each

\_\_\_(fill in)\_\_\_ months. Allotting \_\_\_\_\_ hours.

Signed: \_\_\_\_\_  
NSPM / Evaluation Team Leader

Continuing qualification evaluations are due as follows:

\_\_\_(month)\_\_\_ and \_\_\_(month)\_\_\_ and \_\_\_(month)\_\_\_  
(enter or strike out, as appropriate)

\_\_\_\_\_  
Date

**Revision:**

Based on (enter reasoning):

Continuing qualification Evaluations are to be conducted each

\_\_\_(fill in)\_\_\_ months. Allotting \_\_\_\_\_ hours.

Signed: \_\_\_\_\_  
NSPM / Evaluation Team Leader

Continuing qualification evaluations are due as follows:

\_\_\_(month)\_\_\_ and \_\_\_(month)\_\_\_ and \_\_\_(month)\_\_\_  
(enter or strike out, as appropriate)

\_\_\_\_\_  
Date

(Repeat as Necessary)