



# VA ACQUISITION ACADEMY (VAAA)

## Senior Acquisition Leadership Training (SALT)

### APPLICATION FORM

#### I. PERSONAL INFORMATION

*(To be completed by the applicant)*

APPLICANT NAME:	
OFFICE ADDRESS:	
OFFICE E-MAIL ADDRESS:	
OFFICE PHONE NUMBER:	ALTERNATE PHONE NUMBER:

#### II. EMPLOYMENT INFORMATION

*(To be completed by the applicant)*

JOB TYPE: <input type="checkbox"/> 1102 ACQUISITION PROFESSIONAL <input type="checkbox"/> P/PM ACQUISITION PROFESSIONAL <input type="checkbox"/> COR ACQUISITION PROFESSIONAL
JOB TITLE/POSITION:
CURRENT GRADE:
AGENCY:
HEAD OF CONTRACTING ACTIVITY (HCA)/ SENIOR EXECUTIVE SERVICE (SES):
LENGTH OF SERVICE WITH YOUR AGENCY'S 1102 SERIES OR P/PM, OR COR ACQUISITION ROLE:
ORGANIZATION (within your agency):
LENGTH OF SERVICE WITH CURRENT ORGANIZATION:
CURRENT FAC-C (Professional), or FAC-P/PM, or FAC-COR CERTIFICATION LEVEL:

## Certification Statements

Please provide a brief statement about your personal and professional reasons for participating in the SALT program.

- ☐ I certify that the information contained in this application package is true and correct to the best of my knowledge, understanding that falsification of information may result in termination of consideration and/or immediate removal from VAAA SALT.
- ☐ I understand that, if selected, I will be required to actively participate in all scheduled SALT sessions. SALT will be delivered in an in-person and virtual environment. Below is the planned schedule for the in-person and virtual sessions.

### In-person at VAAA

October 27-30, 2025 | 8:00 am - 5:00 pm ET

March 9-12, 2026 | 8:00 am - 5:00 pm ET

May 18-21, 2026 | 8:00 am - 5:00 pm ET

### Virtual Learning Sessions

November 18, 2025 to May 5, 2026

Alternating Tuesdays | 10:30 am - 4:30 pm ET

\_\_\_\_\_  
Applicant initial here

\_\_\_\_\_  
Supervisor initial here

- ☐ I understand that by submitting this application form, I agree to participate in all aspects of VAAA SALT, including up to 50 hours of independent learning assignments and Capstone project work outside of the online training. I understand that the success of the Capstone challenge is directly related to the commitment I make to my team.

\_\_\_\_\_  
Applicant initial here

\_\_\_\_\_  
Supervisor initial here

- ☐ I certify that I am a Supervisor and that I supervise \_\_\_\_\_ people

Or

*insert number of people  
that you oversee*

- ☐ I certify that I am a Senior Level P/PM or FAC-COR III at the GS-14 or GS-15 level

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# VA ACQUISITION ACADEMY (VAAA)

## Senior Acquisition Leadership Training (SALT)

### RECOMMENDATION FORM

#### I. SUPERVISOR INFORMATION

*(To be completed by the applicant's immediate supervisor)*

SUPERVISOR NAME:
TITLE/POSITION:
OFFICE ADDRESS:
E-MAIL ADDRESS:
OFFICE PHONE NUMBER:

#### II. SUPERVISOR RECOMMENDATION

*(To be completed by the applicant's immediate supervisor)*

*Excluding the candidate's technical competencies, please explain instances where the candidate has demonstrated leadership qualities and provide commentary on why the applicant would be a good fit for VAAA's Senior Acquisition Leadership training (SALT), considering the applicant's leadership development goals, capabilities, and drive for results. (1,000 characters or less)*

Please reference the [VAAA SALT Website](#) for a detailed description of the SALT program. For additional information, please e-mail [VAAASALT@va.gov](mailto:VAAASALT@va.gov).

## Certification Statements

- ☐ I certify that the individual featured in this application is currently a GS-1102 Supervisor at the GS-13 to GS-15 Level or FAC-COR III or Senior Level P/PM at the GS-14 or GS-15 Level *(If this is not the case do not check the box.)*
- ☐ I understand that participation in this program will require the individual named in the **Application Form** to travel for in-person training at VAAA October 27- 30, 2025, March 9 - 12, 2026 and May 18-21, 2026, and participate in virtual training for 6 hours every other week between November 18, 2025, and May 5, 2026 (with the exception of government holidays and scheduled breaks).
- ☐ I understand FY26 SALT Program travel costs are covered by VAAA-CPS.
- ☐ I give consent for the individual named in the **Application Form** to participate in all aspects of VAAA SALT, if selected, including up to 50 hours of independent learning assignments and Capstone project work outside of the in-person and virtual training.

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Supervisor Signature

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Date