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| --- | --- |
|  | Please enter your information in this column. |
| Date: |  |
| First Name: |  |
| Last Name: |  |
| Email: |  |
| Office Phone |  |
| Cell Phone:  *(Personal)* |  |
| Highest Degree Acquired & Field of Study: |  |
| Administration:  *(Please make a selection)* | □ VHA □ NCA □ VBA □ CFM |
| VISN: |  |
| Station Name: |  |
| Station Location: |  |
| Grade: |  |
| Job Series: |  |
| Functional Job Title:  Years in this role: |  |
| Years in Facilities Management: |  |
| Years of Facilities Supervisory Experience in Current Role: |  |
| IFMA Study Course Designation:  *(Please make a selection)* | □ Facilities Management □ Sustainability Facility □ Certified Facility  Professional Professional Manager |
| Please explain why you would like to enroll in the above designation program and what you hope to gain. |  |
| I agree that IFMA and its distribution partner can share my training records with the Department of Veterans Affairs (VA), and that VA can share my contact information, to include email address and Employee ID#, with IFMA and their distribution partner. I also agree to abide by all study parameters and understand that if I am not able to meet these parameters, my access will be terminated.  Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| I approve the employee above to be enrolled in the IFMA study course indicated above. I understand that if the employee does not actively engage in the study course and follow suggested parameters, that their access will be terminated. I also understand there is no fee associated with this course/certificate/certification.  Supervisor or Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Please submit this form to the Facilities Management School mailbox at [vaaafms@va.gov](mailto:vaaafms@va.gov) and someone will be in contact with you regarding your request. | |