

## Training Status: RPMs

Training required as of 01/15/09

Name: \_\_\_\_\_ Employee Start Date: \_\_\_\_\_

Employee Mail Code: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date(s) Completed:	Priority*	Mandatory Training [Requirement Reference]	Frequency
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Confidential Business Information [EO 1000.24 CHG 1, Region 9 Order 1000.03]	<u>Every 2 years</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Continuous Learning Points (CLP) [Clinger-Cohen Act, EPA AR 1120]	<u>Every 2 years</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Contracting Officer Representative (COR) Training [Clinger-Cohen Act, EPA AR 1120]	<u>Initial</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COR Recertification [Clinger-Cohen Act, EPA AR 1120]	<u>Every 3 years</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cost Recovery Process [Reference 12 - Region 9 Manual]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Health and Safety (40-Hour) [29 CFR 1910.120 (e)(3), EO 3500.1, EPA Order 1440.2]	<u>Initial</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Health and Safety Refresher (8-Hour) [29 CFR 1910.120 (e)(3), EO 3500.1, EPA Order 1440.2]	<u>Every year</u>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Medical Monitoring [29 CFR 1910.120 (e)(3), EO 3500.1, EPA Order 1440.2]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Negotiation Training [EO 3500.1, OSWER Directive 9295.9-05]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Public Involvement [OSWER Directive 9295.9-05]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Remedial Process [Reference 12 - Region 9 Manual]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Risk Communication [OSWER Directive 9295.9-05]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Superfund Academy 101 [EO 3500.1, OSWER Directive 9295.9-05]	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Working With the News Media [EO 3500.1, OSWER Directive 9295.9-05]	_____

\*PRIORITY RANGE: 1 = As soon as available; 3 = Lowest priority

Date(s) Completed:	Additional Training
_____	Dealing with Hostile Meetings and Difficult Situations
_____	Interagency Agreements (IAG) / Purchase Orders (PO) Training
_____	Know What to Say and How to Say It
_____	QA/QC Training
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**Notice:**  
Training requirements vary by region. Questions or concerns about training requirements should be addressed to your supervisor or regional training coordinator.