

Application for Designation as a Certified Military Protocol Specialist

Complete all information below. Obtain a certified copy of your personnel record showing at least two years of experience in a protocol-titled duty position. This documentation must either be notarized or certified by a commissioned officer or other official authorized to certify such documents. Obtain a letter of recommendation from your supervisor of the protocol position in which you work \*. Please make sure that a contact telephone number is included for the supervisor as we will verify the authentication of the letter. Submit the packet, along with the \$25 certification fee (see page 2) to: JMAR Protocol Training & Counseling, 2767 Sun Valley Dr., Waldorf, MD 20603.

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

I am applying for certification in the service or component shown:

\_\_\_\_ DoD    \_\_\_\_ Joint Command    \_\_\_\_ Army    \_\_\_\_ Marine Corps    \_\_\_\_ Navy    \_\_\_\_ Air Force  
\_\_\_\_ Coast Guard    \_\_\_\_ Non-DoD federal agency

*(Certification will be made in the service of your documented experience unless your documentation includes experience at the joint level or in more than one service or component)*

I have attended the following two JMAR Management & Training seminars (effective Feb 06, attendance at the TIPS007 Combined Phase I & II seminar counts as one seminar):

<u>Date(s)</u>	<u>Seminar</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____

Required work experience:

<u>Start date</u>	<u>End date</u>	<u>Position</u>	<u>Agency/location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attached materials:

\_\_\_\_ Certified or notarized documentation of job experience as shown below - -

Check one:

\_\_\_\_ Military service record year    \_\_\_\_ Civilian personnel record    \_\_\_\_ Extract of record or letter of verification

\_\_\_\_ Supervisor recommendation including the following information - -

Name of supervisor \_\_\_\_\_ Rank or grade \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address to which you prefer your certification packet sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the documents submitted herein are truthful and valid and that all documentation has been properly certified or authenticated by authorized officials.

\_\_\_\_\_  
Applicant's signature

\* the recommending supervisor must be a military officer in the grade of O2 or above, a civilian employee in the grade of GS9 or above, or an enlisted supervisor in the grade of Command Sergeant Major (Army), Sergeant Major (Marine Corps), Master Chief Petty Officer (Navy and Coast Guard), or Chief Master Sergeant (Air Force). The letter must be notarized or certified. If a supervisor in one of those grades is not available, the letter may be prepared by the next level supervisor if in those grades.

**APPLICATION FOR DESIGNATION AS CERTIFIED PROTOCOL SPECIALIST**

The fee for certification is \$25.00 payable by check or credit card. Please complete the following information:

Applicant name \_\_\_\_\_

Method of payment (check one):  Check  VISA  MasterCard

Credit card data: Card no: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year: \_\_\_\_\_

Cardholder's name as it appears on card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_