

Suitability Action Procedures for Suitability Adjudicators – Registration Form

You must submit this registration form to be registered.

Section A – Trainee Information

Desired Session												
Trainee's Last Name				Middle Initial			Work Email				Birthdate	
Trainee's First Name				Suffix			Work Phone				Ext.	
Name as it is to appear on a certificate							Personal Phone Number*					
Home City				State			*Number must be able to reach you to communicate class delays, cancellations, etc., while the program is in session.					
Do you require any special accommodations?							Emergency Contact Name					
If yes, please describe.							Emergency Contact Day Phone					
Medical Allergies (Optional)							Emergency Contact Night Phone					

Section B – Prerequisites

Attendees of this course must have successfully completed training compliant with the Introduction and Fundamental level objectives of the National Training Standards (NTS) for Suitability Adjudicators.

In what manner did you acquire training at the Introduction and Fundamental level of the NTS? (select one)	
Completed the Essentials of Suitability Adjudication Training Program (formerly known as the Fundamentals of Suitability Review and Adjudication)	
Completed the Fundamentals of Suitability for Suitability and Fitness Adjudicators	
Completed training provided by a Federal agency that was designed to meet the NTS at the Introduction and Fundamental levels	
Other (please explain)	

Course content covers suitability action procedures for positions in the competitive service, positions in the excepted service that may non-competitively convert to the competitive service (for example, certain appointments described in title 5, Code of Federal Regulations, part 213), and career appointments to the Senior Executive Service. Suitability actions are defined in 5 CFR 731.203 and the action procedures are described in 5 CFR part 731 subparts C and D.

Do you have or will you have the responsibility for recommending or taking suitability actions?	
Yes	No
<i>If you answered "No," please explain your reason for attending.</i>	

Section C – Employment Information

All blocks must be completed

Name of Department/Agency						Appointment Type					
Agency			Office			Position Title					
Mailing Address				Floor/Suite/Unit		Position Level					
City			State		Zip Code		Position Series				
Education Level			Years of experience in adjudications?			Pay Plan		Grade		Step	

Section D – Approval

All blocks must be completed

Supervisor's Name				Supervisor's Email			
Supervisor's Number			Ext.	Supervisor's Title			
Supervisor's Signature				Date Approved			

If you need assistance completing this form, please contact 724-794-7196. Submit upon completion to SuitEAtesting@opm.gov.

Registration will be confirmed via email. Instructions for joining the class virtually will be provided prior to the registered session.