# Form 2: OWM PT Participation Request – Training/Qualification Form

This form is to be used to obtain OWM approvals for any participants who are not part of the OWM Recognition Program or who have not attended applicable NIST OWM training seminars. In the case of the OWM Training program or State laboratory staff, participant training records are maintained in OWM program databases. Additional objective evidence may be requested or submitted with this request. Once a participant has been approved, OWM will maintain training records. If a new PT parameter is requested, additional objective evidence may be requested.

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| **Created by** |  | | | **Date** | |  |
| **Proposed Participant Name and Laboratory** | *Enter the name of the proposed participant and laboratory name* | | | | | |
| **Name (Title) of the Applicable PT** | *Enter the name of the PT in question (or note “General ”)* | | | | | |
| **Laboratory Approved Signatory Status** | *Is this person approved in your laboratory to officially review and sign calibration certificates related to the measurements associated with this specific PT (describe limitations)* | | | | | |
| **Experience Summary** | *Describe the proposed participant’s applicable laboratory experience in this discipline* | | | | | |
|  | **Applicable Training** | | **Source of Education or Training (Organization)** | | **Date of Degree/Certificate/Approval** | |
| **Formal Education** | *List applicable degrees* | | *List organization granting degrees* | | *List applicable dates degrees granted* | |
| **Technical Seminars or Workshops** | *List applicable seminars or workshops* | | *List organization and/or instructor* | | *List applicable dates certificates issued for successful completion* | |
| **On-the-job Training** | *List applicable OJT activities that are specifically related to this PT* | | *List person(s) responsible for OJT oversite* | | *List applicable dates for OJT and dates approved for activity* | |
| **Responsible Staff Member** | *Indicate the staff member who has previously been approved by OWM or who has completed applicable OWM training for participating in this PT who will oversee all activities of this staff member (to include care/handling, preparation, calibration, shipping, release of calibration certificates to PT Coordinator or PT Analyst* | | | | | |
| **OWM Receipt Date** |  | **Form Received by** | |  | | |
| **Evaluation Date** |  | **Evaluation Conducted by** | |  | | |
| **Approved or Not Approved** |  | **Laboratory and PT Coordinator Notified of Approval Status** | |  | | |