



FEDERAL ACQUISITION INSTITUTE FAI Verification Review Information Form Instructions

The information in this documents what type of FAI Verification Review the provider is requesting, e.g. a FAC program area's competencies, a FAI-developed course, etc. It also includes the provider's point of contact information.

1. Method of delivery, length of class(s), prerequisite requirements, and course completion requirements will be used by the reviewer in the Verification Review.
2. Questions concerning this form should be directed to the applicable FAC Program Executive.
3. A completed form must be included in the package of documents submitted as part of the FAI Verification Review. The blank form is in MS Word format. Vendors may submit this form using MS Word or PDF.



Federal Acquisition Institute FAI Verification Review Questionnaire

1. Provider Name: _____

2. Point of Contact for FAI Verification Review purposes

Name: _____

Work Phone/Extension: _____ Fax: _____

Mobile Phone: _____ Email: _____

Mailing Address: _____

FAI VERIFICATION INFORMATION

3. Type of Verification: *(Check one)*

Provider Courseware to FAI Program Area Competencies (Complete No. 4)	Provider Courseware to FAI-Developed Course Learning Objectives (Complete No. 4 & 5)
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4. FAI Program Area and Level: *(Check applicable Program Area and Level)*

Program Area		Program Level (I, II, III)	
Contracting (FAC-CON)			Level
Contracting Officer's Representative (FAC-COR)			Level

	Program and Project Management (FAC-P/PM)		Level
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5. FAI Course Identifier and Name *(Check applicable course)*

FAI Course Identifier and Name		
	FCN 101	Contracting Basics
	FCN 190	Federal Acquisition Regulation Fundamentals
	FCR 100	Contracting Officer's Representative Level I
	FCR 201	Contracting Officer's Representative Level II
	FPM 120	Acquisition Fundamentals of Project and Program Management I
	FPM 121	Acquisition Fundamentals of Project and Program Management II

Provider Courseware Information

6. Courseware Identifier and Name

Identifier	Name

7. Method of Delivery *(Check all that apply)*

Method of Delivery	
	Resident/In-Class
	Online Instructor-facilitated

	Online Self-Paced
	Hybrid
	Other

8. Length of Class(s) (Program Duration)

Describe below the length of class, e.g. five 6-hour training days, 60 calendar days from registration, one 15-week semester:

9. Prerequisite Requirements

List/identify the prerequisite requirements for an individual to take this course(s). If there are none, enter "None".

10. Course Completion Requirements

List/identify below the minimum requirements an individual must achieve in order to successfully complete the class. Specific information on student assessments should be included with the "assessment" portion of the courseware submission.

Attendance:	
Overall Grade point average:	
Minimum score per written examination:	
Other (Describe):	