

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD  
**REQUEST TO CREATE, CHANGE OR INACTIVATE A COMPETENCY**

**SECTION I. General Information (Complete for all requests)**

|  |   |  |
|--|---|--|
| 1. Requesting Unit or Program  |   | 2. Date of Request   |
| 3. POC Name (as shown in Global)   | 4. Command Endorsement                                      | 5. Date of Endorsement   |
| 6. Nature of Request (Pick One)  |   |  |
| <b>Create New Competency</b><br>(Complete Section II)  | <b>Modify Existing Competency</b><br>(Complete Section III) | <b>Inactivate Existing Competency</b><br>(Complete Section IV) |
| 7. Provide brief explanation of why the competency is being created, changed, or inactivated |   |  |

**SECTION II. New Competency Information (Complete for creating a new competency only)**

|   |                                       |  |
|---|---------------------------------------|--|
| 8a. Proposed Competency Title (30 character limit)  | 8b. Competency Type (AVI, LE, etc...) | 8c. Proposed Competency Code (8 character limit) |
| 9. Full Competency Description (Carefully describe the competency and what the competency holder is qualified/able to do)   |                                       |  |
| 10. Qualification Requirements (What specific steps/qualifications/training courses/etc. must the person complete in order to obtain the competency)                |                                       |  |
| 11. For competencies requiring the completion of formal training, indicate USCG course code or outside training source and title                                    |                                       |  |
| 12. For competencies requiring the completion of formal education, list degree or course requirements, why the education is required, and supporting Adv Ed program |                                       |  |
| 13. Target Audience (Explain which enlisted rating, officer specialty/sub-specialty, or civilian grade/series the competency applies to)                            |                                       |  |
| 14. Competency Expiration Information (Once earned, is the competency permanent or does it expire after period of non-use?)   |                                       |  |
| 15. Currency Requirements (Explain the requalification/recertification requirements to maintain currency in the competency)   |                                       |  |
| 16. Awarding Official (Indicate the title of the person authorized to certify the completion of requirements and grant the competency to individuals)               |                                       |  |
| 17. Data Entry Information (Explain how the competency data will be entered into Direct Access; i.e., Unit admin office, PERSRU, TMT, etc...)                       |                                       |  |

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**SECTION III. Competency Change Information (Complete if requesting change to an existing competency)**

|                       |                      |
|-----------------------|----------------------|
| 18a. Competency Title | 18b. Competency Code |
|-----------------------|----------------------|

19. Describe Changes Requested (fill out block 9 if modifying the Description and block 10)

20. If changes require competency to be replaced with a new competency, indicate whether current competency holders should automatically receive the new competency or must qualify/recertify under the new competency requirements

N/A                                  Receive                                  Requalify

**SECTION IV. Competency Inactivation Request (Complete if requesting inactivation of existing competency)**

|                       |                      |
|-----------------------|----------------------|
| 21a. Competency Title | 21b. Competency Code |
|-----------------------|----------------------|

22. If competency is being replaced or merged with another competency, indicate whether current positions should receive the replacing competency or the competency removed

N/A                  Remove                  Replace                  Replacement Code: \_\_\_\_\_

23. If competency is being replaced or merged with another competency, indicate whether current competency holders should automatically receive the replacing competency or must qualify/recertify under the new competency requirements

N/A                  Requalify                  Receive                  Replacement Code: \_\_\_\_\_

**SECTION V. Review and Approval**

|   |                      |
|---|----------------------|
| 24a. Area Endorsement (if applicable)                       | 24b. Signature/ Date |
| Approved          Approved as modified          Disapproved |                      |

24c. Area comments and feedback

|   |                      |
|---|----------------------|
| 25a. Program Sponsor Endorsement                            | 25b. Signature/ Date |
| Approved          Approved as modified          Disapproved |                      |

25c. Program Sponsor comments and feedback

|   |                      |
|---|----------------------|
| 26a. Force Command Endorsement                              | 26b. Signature/ Date |
| Approved          Approved as modified          Disapproved |                      |

26c. Force Command comments and feedback

**27. Competency Administrator Final Disposition of Request (To be completed by CMSA staff)**

|                    |   |
|--------------------|---|
| a. Competency Code | b.    Approved          Approved as modified          Disapproved |
|--------------------|---|

|                                   |                               |
|-----------------------------------|-------------------------------|
| c. Competency Description (Title) | d. CMSA comments and feedback |
|-----------------------------------|-------------------------------|

|                        |  |  |
|------------------------|--|--|
| e. Competency Category | f. Competency Proficiency Rating Scale |  |
|------------------------|--|--|

|                       |                            |                       |
|-----------------------|----------------------------|-----------------------|
| g. Competency Type(s) | h. Competency Verification | i. Competency Sponsor |
|-----------------------|----------------------------|-----------------------|

|  |                                  |
|--|----------------------------------|
| 28. TMT/ALMIS Competency Information (if applicable) | 29. Date Entered into Dictionary |
|--|----------------------------------|

|                                     |                    |
|-------------------------------------|--------------------|
| 30. Date Entered into Direct Access | 31. CMSA Signature |
|-------------------------------------|--------------------|