CIGIE Fellows Program - Application for Nomination

TO BE COMPLETED BY POTENTIAL FELLOWS PROGRAM PARTICIPANT:

Name:			
Department/Agency:			
Component:		**Functional Area:**	
Email Address:		**Phone Number:**	
Current Title:		**Clearance/Date of Inv:**	
GS Level/Equivalent:		**Location/Address:**	
Supervisor Name:		**Supervisor Email:**	
Supervisor Title:		**Supervisor Phone:**	

Statement of Interest

The Statement of Interest should not repeat information in the resume, information sheet, or other supplemental materials required. Rather, it should focus on why you should be nominated to the CIGIE Fellows Program. Address, in the space provided, what you consider your major strengths and qualifications; contributions you will add/bring to the program; how attending the program fits into your professional career development plan, and what would be the return of investment to your OIG.

I have read and understand the CIGIE Fellows Program requirements at:

https://www.ignet.gov/sites/default/files/files/2022-2023_CIGIE_Fellows_Program_Manual_11_Feb_2022.pdf

Employee's Signature **Date**

Supervisor Endorsement and IG Approval

TO BE COMPLETED BY THE APPLICANT'S IMMEDIATE SUPERVISOR:

Supervisor Narrative Endorsing Applicant's Qualifications for Nomination:
Supervisor Narrative on Applicant's Leadership Development Needs (Opportunities for Growth):
Based on this individual's qualifications and development needs, what type of work might be most beneficial?

I support this individual's interest in this program:	**YES**	☐	**NO**	☐
I recommend this individual for this program:	**YES**	☐	**NO**	☐
I have read and understand the CIGIE Fellows Program requirements at link below:	**YES**	☐	**NO**	☐

https://www.ignet.gov/sites/default/files/files/2022-2023_CIGIE_Fellows_Program_Manual_11_Feb_2022.pdf

Supervisor's Signature **Date**

TO BE COMPLETED BY THE AGENCY INSPECTOR GENERAL OR AUTHORIZED DESIGNEE:

I nominate this employee to participate in the CFP:	**YES**	☐	**NO**	☐
Additional Comments (optional):				

Inspector General or authorized designee **Date**