

## Completion of Organizational Excellence Specialty Track

|  |                     |                 |
|--|---------------------|-----------------|
| <b>1. Completion of (<i>select one</i>)</b> <input type="checkbox"/> Technician <input type="checkbox"/> Senior <input type="checkbox"/> Master <input type="checkbox"/> Executive<br><b>Level in the Organizational Excellence (OE) Specialty Track</b>                                     |                     |                 |
| <b>2. Last Name, First, Middle Initial</b>   | <b>3. CAP Grade</b> | <b>4. CAPID</b> |
| <b>5. Charter Number</b>   | <b>6. Unit Name</b> |                 |
| <b>7. Remarks (Attach all CAPFs 40)</b><br>Explain completion of: (1) Knowledge, Training, and Performance Requirements; (2) Reading Requirements; and (3) Service Requirements for the applicable OE Track rating applied for. Continue on reverse or attach additional sheet if necessary. |                     |                 |

7. Remarks (Continued) Attach additional sheet if necessary

8. Student and Mentor: All requirements for this level have been completed.

Student (Grade, Name and Date)

Mentor (Grade, Name and Date)

**Technician and Senior Level**  
Forward CAPF 1a and  
attachments to Organizational  
Excellence Committee at the  
wing level. Attach all CAPFs 40.

**Master Level**  
Forward CAPF 1a and  
attachments to Organizational  
Excellence Committee at the  
region level. Attach all CAPFs 40.

**Executive Level**  
Forward CAPF 1a and  
attachments to Organizational  
Excellence Committee at the  
National level. Attach all CAPFs 40.

9. Recommendation of OEC:  Approve  Disapprove

Remarks (attach separate sheet if necessary)

Grade and Name

Date

10. Commander's Action:  Approved  Disapproved

Remarks (attach separate sheet if necessary)

Grade and Name

Date