



# NASA Leadership and Management Development Programs (LMD) Participant Nomination Form

Please check the program name and insert the session number for this nomination (refer to the current Agencywide Schedule):

**1. Program Requested Please check the program name and insert the session number on the line.**

**LMD Programs**

- |   |         |       |  |       |       |
|---|---------|-------|--|-------|-------|
| <input type="checkbox"/> Business Education Program     | BEP     | _____ | <input type="checkbox"/> SES Leadership Program        | SESLP | _____ |
| <input type="checkbox"/> Management Education Program   | MEP     | _____ | <input type="checkbox"/> Strategic Business Management | SBM   | _____ |
| <input type="checkbox"/> Managing the Influence Process | MIP     | _____ | <input type="checkbox"/> The Human Element             | THE   | _____ |
| <input type="checkbox"/> MEP/MIP Follow-on              | MEP/MIP | _____ | <input type="checkbox"/> THE- Follow-On                | THE-F | _____ |

**2. Nominee Information Please complete the following participant information:**

Mr.  Ms.  Dr. Birth Month/Day: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
 Name to be used on name tag: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Nominee's E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Functional Position Title (i.e., Chief, XYZ Branch): \_\_\_\_\_ Enterprise: Choose from the drop-down list:  
 If more than one Enterprise please list all: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Project Name: \_\_\_\_\_

**3. Mailing Information**

Center or Organization: \_\_\_\_\_ Mail Stop: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Gender:  Male  Female Citizenship:  USA  Other: \_\_\_\_\_

**4. Special Dietary, Medical, Physical, or Other Requirements: \_\_\_\_\_**

**5. Please check your primary activity:**

- |   |   |
|---|---|
| <input type="checkbox"/> Technical/Engineering      | <input type="checkbox"/> Administrative/Resource Management |
| <input type="checkbox"/> Program/Project Management | <input type="checkbox"/> Research                           |

**6. No. of direct reports** (individuals with whom you formulate and sign performance plans/appraisals) \_\_\_\_\_

**7. Previous management development program(s) attended:**

| Date | Program Name | Length |
|------|--------------|--------|
|      |              |        |
|      |              |        |
|      |              |        |
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|      |              |        |

**8. Statement of endorsement by your immediate manager** (evidence of need, ability, potential, etc.)

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\_\_\_\_\_  
 Immediate Manager's Signature Date

**Nominating Official's Concurrence:**  
 \_\_\_\_\_  
 Center Director/Associate Administrator Date

**Forward nomination form to your Center's designated LMD Training Representative.  
 Questions? Please call RGI at (703) 820-4900, extension 116 or [j.girard@rgi-inc.com](mailto:j.girard@rgi-inc.com)**