5232

Competency/Serial Number:

Date:

MANAGER'S INTERNAL CONTROL (MIC) EVALUATION CERTIFICATION

COMPETENCY	ASSESSABLE UNIT (AU) NAME

I have completed all required MIC training and have acquired or maintained a working knowledge of Management Internal Controls.	INITIALS
I have attached a printed copy (in .pdf format) of the evaluation prepared in the Competency Alignment Organization (CAO) Workbook System (formally the P4I Workbook). (N/A if not applicable at your level.)	INITIALS

METHODS OF TESTNG KEY INTERNAL CONTROLS

DIRECT OBSERVATION	REVIEW FILES/DOCUMENTS	ANALYSIS	SAMPLING	SIMULATION	INTERVIEWS
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

REVIEW SUBORDINATE WORKBOOKS	OTHER (Describe)
☐ Yes ☐ No	

MIC ACCOMPLISHMENTS (Including correction of prior year deficiencies)

MIC DEFICIENCIES DETECTED, IF ANY (Include potential material weaknesses)

CORRECTIVE ACTIONS

DATE COMPLETED OR PLANNED	CORRECTIVE ACTION DESCRIBED (If applicable)

CERTIFICATION

I certify that the key internal controls in my assessable unit have been evaluated in accordance with SECNAVINST 5200.35E. I also certify that corrective actions have been initiated to resolve any deficiencies detected. These deficiencies and corrective actions are described above or on attached documentation. Signature of AUM is required. This duty cannot be delegated.

PRINTED NAME	DATE	SIGNATURE