

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Agency Liaison – Level 2

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item

Date Completed

Qualified Agency Liaison 3

The above listed member has completed the required prerequisite training for the agency liaison - level 2 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task

Evaluator's CAPID and
Date Completed

Complete NIIMS G195 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the agency liaison - level 2 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Advanced Training

Task

Evaluator's CAPID and
Date Completed

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

Exercise Participation

The above listed member satisfactorily participated as an agency liaison - level 2 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a agency liaison - level 2 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the agency liaison - level 2 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE