

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Mission Staff Assistant**

NAME (Last, First, MI)	CAPID	DATE ISSUED
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**Prerequisites**

Item	Date Completed
Qualified GES	

The above listed member has completed the required prerequisite training for the mission staff assistant specialty.

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

\_\_\_\_\_  
DATE

**Familiarization and Preparatory Training**

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	
Complete Task P-2006 Demonstrate knowledge of the mission staff assistant responsibilities	

The above listed member has completed the required familiarization and preparatory training requirements for the mission staff assistant 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**

Evaluator's CAPID and  
Date Completed

Task

Complete Task P-0101 Demonstrate the ability to keep a log
Complete Task P-2002 Demonstrate the ability to escort dignitaries and visitors at mission sites
Complete Task P-2003 Demonstrate the ability to process incoming resources for use on the mission
Complete Task P-2005 Demonstrate collection and updating of incident status information
Complete Task L-0001 Basic Communications Procedures for ES Operations
Complete Basic Communications User Training
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>

**Exercise Participation**

The above listed member satisfactorily participated as a mission staff assistant trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE                      DATE

The above listed member satisfactorily participated as a mission staff assistant 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 mission staff assistant 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