

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)

Liaison Officer

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

Item	Date Completed
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Qualified GES

At least 18 years of age

The above listed member has completed the required prerequisite training for the liaison officer specialty.

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

DATE

Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
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Complete NIIMS G193 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the liaison officer 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
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Complete Task C-2000 Demonstrate the ability to coordinate external agency requests

Complete Task P-0101 Demonstrate the ability to keep a log

Complete Task L-0001 Basic Communications Procedures for ES Operations

Complete Basic Communications User Training

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

Exercise Participation

The above listed member satisfactorily participated as a liaison officer trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a liaison officer 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 liaison officer 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