

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**

**Mission Chaplain**

NAME (Last, First, MI)

CAPID

DATE ISSUED

**Prerequisites**

Item	Date Completed
Qualified GES	
Satisfactory completion of the current CAP Chaplain's Course (221)	

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

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

\_\_\_\_\_  
DATE

**Familiarization and Preparatory Training**

Task	Evaluator's CAPID and Date Completed
Complete NIMMS G193 or equivalent	
Complete Task C-1000 Demonstrate knowledge of the role of the mission chaplain on SAR / DR missions, including crises ministry skills	
Satisfactory completion of the current Chaplain's Helping Chaplains Course (221-A)	

The above listed member has completed the required familiarization and preparatory training requirements for the mission chaplain 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 Basic Communications User Training	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
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 chaplain trainee under my direct supervision on mission number \_\_\_\_\_.

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

\_\_\_\_\_  
DATE

The above listed member satisfactorily participated as a mission chaplain 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 chaplain 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