

Rocky Mountain Priority Training Program Nomination Form

	Unit Priority by Position: _____ of _____ CO-OP/Agency Priority by Position: _____ of _____ Zone Priority by Position: _____ of _____
Name:	Best Email and Best Phone Number:
Home Unit Identifier: (e.g. CO-MRD)	Local Dispatch Office Unit ID: (e.g. CO-MTC)
Employment Classification: <small>(Agency/State, Cooperator [Permanent, Career or Seasonal], Cooperator [Supplemental], or Emergency Firefighter [AD] – See page 2 of the 2015 Rocky Mountain Area Priority Trainee and Operating Procedures)</small>	
*Trainee Position Applying For: <small>(*individuals may apply for 2 positions in separate functional areas) A separate nomination form must be completed for each position applying for.</small>	Have you completed all the required training? If not, list what courses are you missing? (refer to 310-1/ FSPAQ/Agency Requirement):
Date of First Position Task Book Assignment:	Date of Last Assignment in this Trainee Position:
Number of Trainee Assignments Completed:	Relevant Red Card Qualifications: (use position codes e.g. EDRC)
What other Position Task Books are you currently working on? (use position code e.g. EDRC)	

Points (to be validated by Training Officer, Chief or FMO)

Percentage of PTB Completed			Months Until Current PTB Expires		
Percentage	Points	Score	Months	Points	Score
90-100	10		0-6	10	
80-89	9		7-12	8	
70-79	8		13-18	6	
60-69	7		19-24	4	
50-59	6		25-30	2	
40-49	5		31-36	1	
30-39	4				
20-29	3				
10-19	2				
0-9	1				
Needs assignment for recertification (was previously qualified but has lost currency)				Yes = 10	
Date of last qualified assignment:				No = 0	
Other Factors:					
Is individual currently an IMT member or did they apply for trainee position on a Type 1 or Type 2 IMT? (Score 5 points for 3+ years, 3 points for 2 years, 1 point for 1 year, or 0 if no participation)				5, 3, or 1	
Individual has completed S-420 (if applying to a C&G Type 2 position) or S-520 (if applying to a C&G Type 1 position)?				Yes = 5 No = 0	
Qualification is required for career development and identified in employee's development Plan.				Yes = 5 No = 0	
Other (i.e. personal development) combine with above				Yes = 1 No = 0	
Agency/State or Cooperator (Permanent, Career or Seasonal) score = 50 Cooperator (Supplemental) or Emergency Firefighter (AD) score = 0				50 or 0	
Total of All Columns			➔	Total Points	

Attach Comments/Justification: (Example: Qualification is required for my position within three years.)

SIGNATURES

I have read and agree to follow the RM Standard Operating Procedures of the Priority Trainee Program.

Trainee Signature Date _____

I agree to support this program and make the above individual available for trainee assignments.

Supervisor Signature Date _____

Validated by Unit Training Officer Signature Date _____