

Southern Area Interagency Priority Trainee Nomination Form

	Southern Area Priority by Position: <input type="checkbox"/> of <input type="checkbox"/> Agency Priority by Position: <input type="checkbox"/> of <input type="checkbox"/> Zone/Unit Priority by Position: <input type="checkbox"/> of <input type="checkbox"/>
Name:	Trainee Position Applying For:
E-mail:	Phone number:
Home Unit Identifier:	Local Dispatch Office Unit ID:
Employment Classification: <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency	
Date Position Task Book was Initiated:	Relevant redcard qualifications <i>(use position codes-i.e., EDRC, DIVS, PSC2, etc.)</i>
Date of first position performance assignment:	Have you completed all required training for this position? <i>(refer to 310-1/ FSFAQG /Agency Requirement):</i>
Date of last assignment as a trainee in this position:	
Number of trainee assignments completed:	

Points

(To be validated by Unit Training Officer)

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				
				<i>Points</i>	
Responder is currently a member of a Southern Area Type 1 or Type 2 IMT?				Yes = 15	
Indicate which team: _____ and What position: _____				No = 0	
Assignment is required for recertification <i>(was previously qualified but has lost currency)</i>				Yes = 10	
Date of last qualified assignment: _____				No = 0	
Position Task Book has been reissued due to 1 st PTB expiration; prior to certification.				Yes = 5	
				No = 0	
All NWCG training courses have been completed in accordance with home agency policy <i>(refer to 310-1/FSFAQG/Agency Requirement)</i> .				Yes = 5	
				No = 0	
Total of All Columns				Total Points	

Comments/Justification:

SIGNATURES

I have read and agree to follow the Southern Area Interagency Priority Trainee Program Standard Operating Procedures.

Trainee Signature

Phone

Date

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

Supervisor Signature

Phone

Date

Unit Training Officer / Fire Management Officer Signature

Phone

Date