Southwest Priority Training Program Nomination Form

SOUTHWEST Area	Zone Priority by Position: ____ of ____
Name	Email
Home Unit Identifier (e.g. AZ-ASF)	
Local Dispatch Office Unit ID (e.g. AZ-SDC)	
Agency /Organization Name	
Trainee Position Applying For *(*individuals may apply to 1 trainee position only)*	
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)*	

Points *(to be validated by Unit Training Officer)*

Percentage of PTB Completed (E.g. - # of completed tasks divided by # of total tasks. This will give a number similar to 0.27, that is 27% = 3 points.)			**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 No = 0	

Required for position description qualification in primary job (justify in comments below).	Yes = 20 No = 0	

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

Qualification is required for career development and identified in employee's IDP.	Yes = 10 No = 0	

Has the individual completed all required training for this qualification?	Yes = 10 No = 0	

Total Points _____

SIGNATURES

I agree to follow the SW Standard Operating Procedures of the Priority Trainee Program.

_____Phone_____ _____

Trainee Signature Date

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

_____ Phone _____ _____

Supervisor/ FMO Signature Date

_____ Phone _____ _____

Validated by Unit Training Officer Signature Date