

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Ground Team Member - Level 1**

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

**Prerequisites**

Item	Date Completed
Complete requirements for GTM 2	

The above listed member has completed the required prerequisite training for the ground team member – level 1 specialty.

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

\_\_\_\_\_  
 DATE

**Familiarization and Preparatory Training**

Task	Evaluator's CAPID and Date Completed
Complete Task O-0701 Recognize and React to Air to Ground Signals	

The above listed member has completed the required familiarization and preparatory training requirements for the ground team member – level 1 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 Task O-0401 Work with Canine Search Teams	
Complete Task O-0416 Plan Search Line Operations	
Complete Task O-0417 Organize a Search Line	
Complete Task O-0418 Control a Search Line	
Complete Task O-0419 Plan and Organize a Hasty Search	
Complete Task O-0703 Employ Ground to Air Signals	
Complete Task O-0802 Plan and Organize Site Surveillance	
Complete Task P-0201 Sign-In Team At Mission	
Complete Task P-0202 Plan And Brief Sortie	
Complete Task P-0203 Conduct Rehearsals	
Complete Task P-0204 Conduct After Action Review	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

**Exercise Participation**

The above listed member satisfactorily participated as a ground team member – level 1 trainee under my direct supervision on mission number \_\_\_\_\_.

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

\_\_\_\_\_  
 DATE

The above listed member satisfactorily participated as a ground team member – level 1 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 ground team member – level 1 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