

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)
Ground Team Member – Level 2**

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

Item	Date Completed
Complete requirements for GTM 3	

The above listed member has completed the required prerequisite training for the ground team member – level 2 specialty 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

Familiarization and Preparatory Training
No Additional Training Is Required

Advanced Training

Task	Evaluator's CAPID and Date Completed
Complete Task O-0104 Set up Shelter	
Complete Task O-0202 Measure Distance with Pace Count	
Complete Task O-0203 Navigate past an Obstacle	
Complete Task O-0209 Identify The Major Terrain Features On A Map	
Complete Task O-0210 Identify Topographic Symbols On A Map	
Complete Task O-0211 Determine Elevation On Map	
Complete Task O-0212 Measure Distance On A Map	
Complete Task O-0213 Convert Between Map And Compass Azimuths	
Complete Task O-0215 Determine Azimuths On A Map Using Two Points	
Complete Task O-0216 Orient A Map To The Ground Using Terrain Association	
Complete Task O-0217 Orient A Map To North Using A Compass	
Complete Task O-0420 Perform An Airfield Search (Ramp Check)	
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 2 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 2 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 2 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

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

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

Item	Date Completed
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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
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Familiarization and Preparatory Training

Task	Evaluator's CAPID and Date Completed
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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
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Advanced Training

Task	Evaluator's CAPID and Date Completed
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| 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
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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
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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
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