

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Communications Unit Leader**

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

Item	Date Completed
Qualified Mission Radio Operator	
Complete Advanced Communications User Training	

The above listed member has completed the required prerequisite training for the communications unit leader specialty.

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

\_\_\_\_\_  
 DATE

**Familiarization and Preparatory Training**

Task	Evaluator's CAPID and Date Completed
Complete NIIMS G193 or equivalent	

The above listed member has completed the required familiarization and preparatory training requirements for the communications unit leader 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**

Evaluator's CAPID and  
Date Completed

Task	Evaluator's CAPID and Date Completed
Complete Task L-0015 Demonstrate communications planning	
Complete Task L-0014 Demonstrate the ability to setup communications equipment at mission base	
Complete Task L-0013 Demonstrate the ability to prepare an emergency communications plan	
Complete Task L-0012 Demonstrate the ability to handle an overdue radio check-in	
Complete Task L-0010 Demonstrate communication safety procedures	
Complete Task L-0011 Demonstrate the ability to run an emergency communications network	
Complete Task L-0016 Demonstrate ability to manage radio operations for a ground net	
Complete Task L-0001 Basic Communications Procedures for ES Operations	
Complete Task P-0101 Demonstrate the ability to keep a log	
Complete the appropriate portion of CAPT 117, <i>Emergency Services Continuing Education examinations</i>	

**Exercise Participation**

The above listed member satisfactorily participated as a communications unit leader trainee under my direct supervision on mission number \_\_\_\_\_.

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

The above listed member satisfactorily participated as a communications unit leader 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 communications unit leader 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