

Alaska Priority Training Program Nomination Form

	Unit Priority by Position: _____ of _____ Co-op/Agency Priority by Position: _____ of _____ Zone Priority by Position: _____ of _____
Employee Name	Email Address
Home Unit Identifier (e.g. AK-TAD)	
Local Dispatch Office Unit ID (e.g., AK-YTDC)	
Employment Classification Agency, Cooperator or Emergency Firefighter (AD)	
Trainee Position Applying For <i>(create one form for each trainee position employee applies for)</i>	
Date of First Position Task Book Assignment	
Date of Last Assignment in this Trainee Position	
Relevant Red Card Qualifications <i>(use position mnemonic)</i>	

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

Percentage of PTB Completed <small>(E.g. - # of completed tasks divided by # of total tasks. This will give a number similar to 0.27, that is 27% = 3 points.)</small>		Months Until Current PTB Expires	
<i>Percentage</i>	<i>Points</i>	<i>Months</i>	<i>Points</i>
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		
Qualification needed to fill Alaska IMT shortage and trainee is listed on the Alaska Interagency Allocation of Forces.			20
Required for position description qualification in current job. Justify in comments below.			20
Required for position description qualification in future career (IFPM). Justify in comments below.			20
Qualification needed to fill critical incident management capacity shortage at the local unit level for Type 3.			10
Qualification is required for career development and identified in employee's IDP.			10
Circle the appropriate points for each attribute and total here			Total Points

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

SIGNATURES:

I would like to be included in 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