SPECIALTY QUALIFICATION TRAINING CARD
MISSION STAFF ASSISTANT

NAME (Last, First, MI)	CAPID	DATE ISSUED

Prerequisites

Item	Date Completed
Qualified GES	

The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-MSA.

UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____

Familiarization and Preparatory Training

Task	Trainer's CAPID and Date Completed
Demonstrate knowledge of principles and features of ICS	
Demonstrate knowledge of the ICS Organization	
Demonstrate knowledge of incident facilities	
Demonstrate knowledge of incident resources	
Demonstrate knowledge common responsibilities in ICS	
Demonstrate knowledge of the mission staff assistant's responsibilities	

The above listed member has completed the required familiarization and preparatory training requirements for the Mission Staff Assistant 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 _____

CAPF 101T-MSA, MAY 01 **OPR/ROUTING: DOS**

PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001

Advanced Training

Task	Trainer's CAPID and Date Completed
Demonstrate the ability to keep a log	
Demonstrate the ability to escort dignitaries and visitors at mission sites	
Demonstrate the ability to process incoming resources for use on the mission	
Demonstrate use of data collection systems like personnel tracking systems and weather systems	
Demonstrate collection and updating of incident status information	
Complete Task L-0101 (Inspect a vehicle)	
Complete Task L-0102 (Inspect an aircraft)	
Complete Basic Communications User Training	
Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
Complete the current continuing education examination for mission staff assistants	

Exercise Participation

The above listed member satisfactorily participated as a Mission Staff Assistant trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____

The above listed member satisfactorily participated as a Mission Staff Assistant 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 Mission Staff Assistant specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.

UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____

CAPF 101T-MSA, MAY 01 REVERSE