

Arizona State Priority Training Program Nomination Form

Name: _____

Email: _____

Home Unit/Agency (Example: AGUILA FD): _____

Employment Classification

(Permanent Full Time, Permanent Part Time, Seasonal, Emergency Firefighter)

Trainee Position Applying For

(individuals may apply to 1 trainee position only)

Date of First Task Book (PTB) Assignment _____

Date of Last Position Task Book Assignment _____

Points – Enter the appropriate points for each (will be validated by AZ State Training Specialist)

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		
Percentage	Points	Score	Months	Points	Score
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		I have verified the accuracy of this nomination form: _____ (Signature) Susan Burger AZ DFFM Training Specialist		
20-29	3				
10-19	2				
0-9	1				
Needs assignment for recertification (<i>was previously qualified but has lost currency</i>)				Yes = 10 No = 0	
Home unit critical shortage need (justify in comments below).				Yes = 5 No = 0	
Completed all REQUIRED TRAINING for this position per 310-1 (training must be entered in IQS or included with packet to be given points)				Yes = 5 No = 0	
Completed OTHER TRAINING WHICH SUPPORTS DEVELOPMENT OF KNOWLEDGE AND SKILLS per 310-1 (training must be entered in IQS or included with packet to be given points)				1 Point Each	
Number of Trainee Assignments Completed (with taskbook evaluations)				3 Points Each	
Permanent, Full time employee score = 50 Part time, Seasonal or Emergency Firefighter score = 25				50 or 25	
				Total Points	

Comments/Justification (Example: Home unit has shortage of qualified resources...)

SIGNATURES

I agree to take part in this program, I am available for trainee assignments, and I will status myself in ROSS.

 (Trainee Signature) Phone: _____

 Date

I agree to support this program and make the above individual available for trainee assignments.

 (Supervisor Signature) Phone: _____

 Date