

Great Basin Priority Training Program Nomination Form

Due to local Training Officer by April 1, 2015

Employee Name:		Home Unit Identifier: (e.g. UT-ASF)	
Contact Numbers: Work (These should all be listed in ROSS)		Cell	Home
Email Address:		Local Dispatch Office Unit ID: (e.g. ID-BDC)	
Trainee Position Applying For: (Create one form for each trainee position employee applies for)		Employment Classification: (Agency, Cooperator or Emergency Firefighter/AD)	
Date of First PTB Assignment:		Date of Last Assignment in this PTB?	
Percentage of PTB Completed: (Figure PTB% based on the assumption that 100% means that the home unit would certify the PTB)		Need Assignment for Recertification: (lost currency)	
Is the qualification needed for career development and identified in employee's IDP?		Is this qualification needed to fill critical incident management capacity shortage at the local unit level?	
Is this position required for your position description qualification in primary job?			
Have you completed the required training for the position? If not, what courses do you need?			
Comments/Justification (Applicants should provide comments to support their above answers.)			

By signing this form, you agree to adhere to the following rules of responsibility to participate in the Great Basin Priority Trainee Program:

- Maintain accurate reflection of your availability in ROSS. If you are unavailable, your ROSS status should be listed as unavailable. If you have questions on how to status yourself, contact your local dispatch center. If you fail to do this, your participation in the program may be terminated.
- Keep your contact information in ROSS current. If we cannot get ahold of you, you will miss the assignment.
- Work with the Incident Training Specialist on your assignment to document your experience.
- Upon return from an assignment, let your training officer know about the progress you made in your PTB and review supporting documentation.

SIGNATURES:

Trainee Signature

Date

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

Supervisor Signature

Phone _____

Date

FMO Signature

Phone _____

Date

Validated by Unit Training Officer Signature

Phone _____

Date