**SPECIALTY QUALIFICATION TRAINING CARD**
**MISSION CHAPLAIN**

| NAME (Last, First, MI) | CAPID | DATE ISSUED |
|---|---|---|
| | | |

**Prerequisites**

| Item | Date Completed |
|---|---|
| Qualified GES | |
| Satisfactory completion of the current CAP Chaplain's Course (221) | |

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

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 role of the mission chaplain on SAR / DR missions, including crises ministry skills | |
| Satisfactory completion of the current Chaplain's Helping Chaplains Course (221-A) | |

The above listed member has completed the required familiarization and preparatory training requirements for the Mission Chaplain 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**

| Task | Trainer's CAPID and Date Completed |
|---|---|
| Complete Basic Communications User Training | |
| Complete Task L-0001 (Basic Communications Procedures for ES Operations) | |
| Satisfactorily complete the current continuing education examination for mission chaplains | |

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

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

**Exercise Participation**

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

QUALIFIED SUPERVISOR'S SIGNATURE _____ DATE _____

The above listed member satisfactorily participated as a Mission Chaplain 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 Chaplain 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-MC, MAY 01 REVERSE**