



Specialty Qualification Training Worksheet

PIO - Public Information Officer

Name (Last, First, MI)

Type

CAPID

Date Issued

<u>Step Task Name</u>	<u>Completed</u>	<u>Evaluator</u>	<u>CAPID</u>	<u>Mission ID</u>
Information Officer - Prerequisites				
GES - General Emergency Services				
MSA - Mission Staff Assistant				
Age Eligibility: 18 years				
Commander Approval for Prerequisites				
PIO - Commander Approval for Prerequisites				
Information Officer - Familiarization and Preparatory Training				
IS100 - IS-100				
IS200 - IS-200				
IS700 - IS-700				
IS800 - IS-800				
Commander Approval for Familiarization and Preparatory Training				
PIO - Commander Approval for Familiarization and Preparatory Training				
Information Officer - Advanced Training				
ICS300 - ICS-300				
Complete Task C-3000 - Demonstrate the ability to prepare an initial and follow-up news release				
Complete Task C-3001 - Demonstrate the ability to maintain a complete media contact list.				
Complete Task C-3002 - Demonstrate the ability to coordinate visits of news media to mission sites				
Complete Task L-0001 (Basic Communications Procedures for ES Operations)				
Complete Task P-0101 Demonstrate the ability to keep a log				
Information Officer - Advanced Training				
ICUT - Introductory Communications User Training				
Information Officer - Exercise Participation				
Exercise Participation-Information Officer				
Exercise Participation-Information Officer #2				
Information Officer - Continuing Education Examination				
CAPT 117 ES Continuing Education Exam - Part 3				

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Results as of: 12 Jul 2019

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Name (Last, First, MI)	Type	CAPID	Date Issued
PIO - Public Information Officer, MAR 10		OPR/ROUTING - DOS	

The above listed member satisfactorily participated as a PIO - Public Information Officer trainee under my direct supervision on mission number_____.

Qualified Supervisor Signature	Date
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The above listed member satisfactorily participated as a PIO - Public Information Officer trainee under my direct supervision on mission number_____.

Qualified Supervisor Signature	Date
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