

Specialty Qualification Training Worksheet

MFC - Mountain Flying Certification

CAPID Date Issued Name (Last, First, MI) **Type Evaluator CAPID Step Task Name Completed Mission ID** Mountain Flying Certification - Prerequisites **GES - General Emergency Services** MP - SAR/DR Mission Pilot **OPS - OPSEC** Commander Approval for Prerequisites MFC - Commander Approval for Prerequisites Mountain Flying Certification - Familiarization and Preparatory Training Complete CAP Mountain Flying Clinic Classroom Instruction Commander Approval for Familiarization and Preparatory Training MFC - Commander Approval for Familiarization and Preparatory Training Mountain Flying Certification - Advanced Training Complete CAP Mountain Flying Clinic Airborne Instruction **OPR/ROUTING - DOS** MFC - Mountain Flying Certification, MAR 10 The above listed member satisfactorily participated as a MFC - Mountain Flying Certification trainee under my direct supervision on mission number **Qualified Supervisor Signature Date** The above listed member satisfactorily participated as a MFC - Mountain Flying Certification trainee under my direct supervision on mission number **Qualified Supervisor Signature Date**

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