# APPALACHIAN SEARCH AND RESCUE CONFERENCE

# Field Team Leader (FTL) Recertification

# **Position Task Book (PTB)**



| Position Task Book Assigned to:  |            |  |
|----------------------------------|------------|--|
| Team Affiliation:                |            |  |
| Position Task Book Initiated by: |            |  |
|                                  | Name/Title |  |
| Date Initiated:                  |            |  |

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This PTB is part of a competency- based qualification system used by the ASRC. Certification will be awarded upon successful completion of all parts.

Position Task Books provide a standard form for documenting the knowledge and abilities of the candidate. This is done by observation of that individual's performance or description of tasks needed at a particular operational level. Each Task is designed to demonstrate competencies of a specific skill needed for the position. When all tasks in the PTB are successfully completed, the evaluated individual is eligible to request final testing for that position.

The tasks are numbered sequentially according to the current ASRC Training Standards document. They do not need to be completed in any specific order. The PTB will be valid for three years from the date the first task is documented.

Evaluation and the confirmation of the candidate's performance of all tasks may involve more than one evaluator and can occur on incidents such as searches, special events, training, and exercises. The evaluators will come from a pool of evaluators from among all ASRC teams.

Successful performance of all tasks, as observed and recorded by an evaluator, is required prior to a recommendation that the candidate be certified in the position.

# **Responsibilities**

The following responsibilities are outlined:

### **Trainee (Candidate)**

- Provides the evaluator with background information pertinent to the position
- Completes all tasks satisfactorily within three years
- Retains original PTB
- Notifies the GTO when PTB is completed

### **Qualified Evaluator**

- Reviews tasks with Candidate.
- Explains to the trainee the process of the PTB and the Candidate's responsibilities.
- Accurately evaluates and records demonstrated performance of tasks.
- Documents unsatisfactory performance.

### **Group Training Officer (GTO)**

- Initiates the PTB
- Verifies all tasks have been initialed and dated by a Qualified Evaluator
- Signs the verification statement
- Sends the PTB to the ASRC Credentialing Board

#### ASRC Credentialing Board

• Please reference the ASRC Credentialing Policy Manual for credentialing processes and procedures

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# **Reference Materials**

All participants of the PTB process should reference the most current version of the ASRC Training Standards document for additional detail. PTB items that reference additional detail contained within the ASRC Training Standards document will be annotated with <sup>TS</sup>.

# **Qualified Evaluator Legend**

For on-going GTO reference, each Evaluator should print name, write signature, initial and denote Group affiliation.

| Printed Name | Signature | Initials | Group |
|--------------|-----------|----------|-------|
|              |           |          |       |
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| Req    | Description  | Evaluator                 | Date    |
|--------|--|---------------------------|---------|
| 1a     | Document participation in six training sessions annually. <sup>TS</sup>            |                           |         |
| Year 1 | 1.a:   |                           |         |
|        | 1.b:   |                           |         |
|        | 1.c:   |                           |         |
|        | 1.d:   |                           |         |
|        | 1.e:   |                           |         |
|        | 1.f:   |                           |         |
| Year 2 | 2.a:   |                           |         |
|        | 2.b:   |                           |         |
|        | 2.c:   |                           |         |
|        | 2.d:   |                           |         |
|        | 2.e:   |                           |         |
|        | 2.f:   |                           |         |
| Year 3 | 3.a:   |                           |         |
|        | 3.b:   |                           |         |
|        | 3.c:   |                           |         |
|        | 3.d:   |                           |         |
|        | 3.e:   |                           |         |
|        | 3.f:   |                           |         |
| 1.b    | Document response to a minimum of two SAR inc                                      | cidents/simulations per y | ear. TS |
| Year 1 | 1.a:   |                           |         |
|        | 1.b:   |                           |         |
| Year 2 | 2.a:   |                           |         |
|        | 2.b:   |                           |         |
| Year 3 | 3.a:   |                           |         |
|        | 3.b:   |                           |         |
| 2      | Hold a current First Aid certification as outlined                                 |                           |         |
| 3      | in the ASRC medical guidelines.<br>Hold a current CPR certification as outlined in |                           |         |
| 5      | the ASRC medical guidelines.   |                           |         |

# **ASRC FTL Recertification Requirements**

# **Recertification by Continuing Education**

| (Class documentation sl | nould be attached to PTB) |            | [    |
|-------------------------|---------------------------|------------|------|
| Credit<br>Hours         | Class Name                | Instructor | Date |
|                         |                           |            |      |
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## **Group Training Officer Endorsement (Continuing Education)**

FTL,\_\_\_\_\_\_\_, has demonstrated Continued mastery of knowledge and the skills needed to function as a certified Field Team Leader. It is my recommendation that they be considered for FTL recertification based upon the documented training and continuing education.

**GTO Signature** 

Date

#### **Recertification by Examination**

The FTL who wishes to re-certify by examination must present this Recertification by Examination form along with the completed PTB to their GTO.

#### **FTL Examination Request**

I hereby confirm I wish to take the recertification FTL tests.

**GTO Signature** 

Date

#### ASRC Examiners Testing Outcome Record

| Test                    | Pass/Fail | Examiner | Date |
|-------------------------|-----------|----------|------|
| Written                 |           |          |      |
| Practical Examination 1 |           |          |      |
|                         | Notes:    |          |      |