Application for Recognition of Prior Learning

What Position are you applying for? Each position requires a separate application. *(Select Position Typing if known)*:	
Position:	Position Type:
If Other, specify below:	

Your Name:	***Current Title or Rank:***
Agency or Department:	***Phone:***
Address:	***City, State, Zip:***
Email:	

SIGNATURE

By signing below, I hereby certify that the information recorded on this application is true and correct. I understand that intentionally providing false or inaccurate information may result in rejection of this application and future applications may not be considered. I have read and understand the physical/medical fitness levels required for this position and will follow the NIMS guidance and MT All-Hazard Resource Qualifications System Guide for evaluation and maintenance.

Signature of applicant	**Date**

INSTRUCTIONS

Use this packet to describe your relevant experience, duties, roles performed, and training completed. Prior to submitting, use the checklist below to ensure the application is complete and filled out correctly. Direct any application-related questions to: **mtdesprep@mt.gov**

Applicant Checklist:

- ☐ **Applicant Information Form**
- ☐ **Section 1: Completed Experience Record** – *Provide complete incident/event details*.
- ☐ **Section 2: Record of Training** – List all relevant training courses attended or transcript. Certifications for each, or transcripts should be attached.
- ☐ **Section 3: Recommendations** - List three references that can support your experience and qualifications for the position applied for.
- ☐ **Section 4: Completed Self-Assessment and Experience Narrative** - *Describe your involvement in the incidents, planned events, exercises listed in Section 1, or any other work you have done that is relevant to the position being applied for. Describes how your experience addresses the broader competencies of the PTB for the position that is being applied for.*
- ☐ **Section 5: Supporting Documentation:** Provide all supporting documentation for listed experience or training.
- ☐ **Submit completed documentation via email to: mtdesprep@mt.gov**
    - or via hardcopy to:
      MTDES
      ATTN: State Qualifications Review Committee
      1956 Mt. Majo St.
      Ft. Harrison, MT 59636

SECTION 1: RELEVANT EXPERIENCE

1) Name and Location of Incident or Event:		Position Filled:
Incident Kind (HazMat, Tornado, Hurricane, Wildfire, etc.)	**Dates of Participation (starting and ending):**	**Level of Complexity of Incident or Event (Type 4 to Type 1)**

2) Name and Location of Incident or Event:		Position Filled:
Incident Kind (HazMat, Tornado, Hurricane, Wildfire, etc.)	**Dates of Participation (starting and ending):**	**Level of Complexity of Incident or Event (Type 4 to Type 1)**

3) Name and Location of Incident or Event:		Position Filled:
Incident Kind (HazMat, Tornado, Hurricane, Wildfire, etc.)	**Dates of Participation (starting and ending):**	**Level of Complexity of Incident or Event (Type 4 to Type 1)**

4) Name and Location of Incident or Event:		Position Filled:
Incident Kind (HazMat, Tornado, Hurricane, Wildfire, etc.)	**Dates of Participation (starting and ending):**	**Level of Complexity of Incident or Event (Type 4 to Type 1)**

5) Name and Location of Incident or Event:		Position Filled:
Incident Kind (HazMat, Tornado, Hurricane, Wildfire, etc.)	**Dates of Participation (starting and ending):**	**Level of Complexity of Incident or Event (Type 4 to Type 1)**

SECTION 2: TRAINING RECORD

An official transcript or scanned certificates also accepted

Training Course	Location	Dates

SECTION 3: RECOMMENDATIONS

Name and Title:	Phone Number:	Email:
Reference relates to:		
Name and Title:	**Phone Number:**	**Email:**
Reference relates to:		
Name and Title:	**Phone Number:**	**Email:**
Reference relates to:		

SECTION 4: SELF-ASSESSMENT and SUPPORTING DOCUMENTATION

Provide an appraisal (below or as an attachment) as to how your previous experience and training qualifies you for credentialing in the desired position(s). Describe how you have successfully performed the duties and functions of the desired position, as listed within a respective Position Task Book. Applicants may include additional attachments, such as certificates, letters, performance evaluations, plans, or other documentation to support the self-assessment.

Refer to competencies, behaviors, and task numbers in the corresponding Position Task Book and describe how you acquired the skills of the position you are pursuing. Copy and add pages as needed. For example, if you are seeking RPL for Planning Section Chief, a line in your self-assessment may look like the following:

Example:

Task # or Name in PTB	Description of how you have demonstrated task
3b. Develop & Implement Plans	During COVID, I was the primary planner for the Public Health Department in development of strategic and long-term plans around vaccination clinics, drive-through testing, and contact tracing efforts.

Narrative:

Applicant Self-Assessment

Task # or Name listed in PTB	Description of how you have demonstrated task

Applicant Self-Assessment

Task # or Name listed in PTB	Description of how you have demonstrated task

Applicant Self-Assessment

Task # or Name listed in PTB	Description of how you have demonstrated task