

Personnel Training and Qualification

Procedure No: EP-DIR-SOP-2011

Revision: 3

Effective Date: 4-10-2008

ATTACHMENT 5: TRAINING EQUIVALENCY REQUEST/APPROVAL DOCUMENTATION

2011-5

Records Use only

Training Equivalency Request/Approval Documentation

Directions: Indicate the course(s) or other requirement for which an equivalency or exemption is being requested. Attach objective evidence (e.g., transcript) as justification, where appropriate.

Candidate:	Z Number:	Date:
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Requirement:	<input type="checkbox"/> Exemption <input type="checkbox"/> Equivalency	Justification:
Requirement:	<input type="checkbox"/> Exemption <input type="checkbox"/> Equivalency	Justification:
Requirement:	<input type="checkbox"/> Exemption <input type="checkbox"/> Equivalency	Justification:
Requirement:	<input type="checkbox"/> Exemption <input type="checkbox"/> Equivalency	Justification:

Approvals:

Responsible Line Manager:	Z Number:	Date:
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Documentation Verification/EDS Equivalency:

EPTT Leader Signature:	Z Number:	Date:
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CONTROLLED DOCUMENT

Users are responsible for ensuring they work to the latest approved revision.
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