



Wildland Firefighter Apprenticeship Program Completion Checklist For Regional & Unit Coordinators

- 2010 Standards
- 2016 Standards
- All Required Academy Coursework Has Been Completed
- Submit** a Current Copy of Responder Master Record (C028) IQCS Report
 - Certification as a Fully Qualified FFT1
(Position should be showing “qualified” on Master Record)
 - Attach Supplemental Training Certificates not listed on Master Record
- Submit** Monthly Work Process Hour Reports for Program duration
- Submit** Certification of Completed Work Process Competencies Checklist
(2016 Standards only)
- Submit** Final WFAP “Master Audit” Worksheet
- Submit** Letter Requesting DOL Completion Certificate from home unit forwarded to the Regional Apprentice Coordinator

Hard copy or electronic packages acceptable
Submit completed package to the Regional Apprentice Coordinator

Region 1
Rosie LeMire
rlemire@fs.fed.us
NRTC 5765 W Broadway
Missoula, MT 59808

Region 2
Scott McDermid
smcdermid@fs.fed.us
740 Simms
Golden, CO 80401

Region 3
Jake Nutall
jnutall@fs.fed.us
333 Broadway Blvd SE
Albuquerque, NM 87102

Region 4
Kim Osborn
kosborn@fs.fed.us
324 25th Street
Ogden, UT 84401

Region 5
Erik Newell
r5_wfap@fs.fed.us
3237 Peacekeeper Way
McClellan, CA 95652

Region 6
Diana VanCurler
dvancurler@fs.fed.us
1740 SE Ochoco Way
Redmond, OR 97756

Region 8
Sharon Allen-Brick
sallenbrick@fs.fed.us
1720 Peachtree Road
Atlanta, GA 30309

Region 9
Beth Jablonski
bajablonski@fs.fed.us
626 East Wisconsin
Milwaukee, WI 53202



Wildland Firefighter Apprenticeship Program

File Code: 6140

Date: _____

To: National Wildland Firefighter Apprenticeship Program Coordinator

Subject: Firefighter Apprentice Certification Request: _____, Region ____ & Unit _____, of the _____, has completed the requirements of the Wildland Firefighter Apprenticeship Program and is qualified for completion.

As of _____, _____ has accumulated _____ Work Process Hours, completed all “Related and Supplemental” training requirements, and is a fully qualified FFT1.

This Apprentice is under the _____ Standards and attended Academy # _____.

His/Her IQCS Employee ID number is _____.

Enclosed are:

- Final “WFAP Completion Audit” worksheet
- All Monthly Work Process Hour Reports
- Responder Master Record (C028) IQCS Report
- Supplemental Training Certificates if not on Master Record

X

Unit Coordinator Print Name

X

Unit Coordinator Signature

X

Regional Coordinator Print Name

X

Regional Coordinator Signature