

Training

CAP SENIOR MEMBER TRAINING PROGRAM

CAPR 50-17, 1 March 2003, is supplemented as follows:

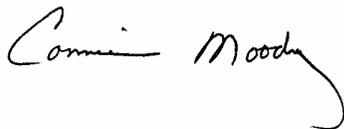
2-6. All units will submit a signed copy of the Senior Training Report to Wing Headquarters, only when there is a change to the record.

3-8. A copy of the Senior Program Director's Report CAPF 11, with the signature of both member and course director, will be placed in the individual's Senior Master Record (CAPF 45) to verify completion of Level One requirements.

8-1a. Each unit will appoint, at a minimum, a Test Control Officer in accordance with the Unit Test Control Officer-AFIADL Course Handbook. This appointment shall be done, by a separate letter on unit letterhead (See attachment 1) at least once every calendar year. Units not in compliance with this section will not be sent AFIADL exam materials.

8-1 (3b). The original enrollment form (AFIADL Form 23) shall be sent to Wing HQ in care of the TCO. Do not send the original directly to AFIADL. Units shall keep a copy for their records. Wing HQ will forward to AFIADL.

8-3d. Request for AFIADL Course exams shall be handled in accordance with the Unit Test Control Officer-AFIADL Course Handbook, except that units shall return the complete test booklet to Wing Headquarters within 10 days of test administration. The test booklet will be annotated with the name and signature of the testee, date of test administration, and the signature of the Testing Officer responsible for administering the test.



CONNIE MOODY, Lt Col, CAP
Administrative Officer

RODNEY F. MOODY, Colonel, CAP
Commander

Supersedes WV Wing Supplement 1, 9 September 1999

OPR: ETS

Distribution: Each Unit (1); MER/DA (1)

HEADQUARTERS
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY

DATE _____

In accordance with the Unit Test Control Officer-AFIADL Course Handbook, I hereby appoint

_____, CAP as this Unit's AFIADL Test Control Officer:
Print (Rank) (Name)

TCO Signature (rank) (name), CAP

CC Signature (rank) (name), CAP, Commander

In accordance with the Unit Test Control Officer-AFIADL Course Handbook, I hereby appoint

_____, CAP as this Unit's Alternative AFIADL Test Control
Officer:
Print (Rank) (Name)

ATCO Signature (rank) (name), CAP

CC Signature (rank) (name), CAP, Commander