

**Northeast Fisheries Science Center**  
**Fisheries Sampling Branch Observer Programs**  
**FSB TRAINING CERTIFICATION REQUEST FORM**

Part 1: To Be Completed by the Provider Requesting Training

**Provider Company:** \_\_\_\_\_ **Date of Training Request:** \_\_\_\_\_

**Training Certification Type:** Select Only one Training Certification Type per form

ASM Initial Training (12 days): _____	NEFOP Initial Training (16 days): _____	Safety I Training (2.5 days): _____
<u>ASM Specialized</u>	<u>NEFOP Specialized</u>	Safety II Training (2 days): _____
NEFOP/IFS to ASM Cross (5 days): _____	NEFOP Recertification (3 days): _____	Safety III Training (1 day): _____
ASM Recertification I or II (1 or 3 days): _____	ASM to NEFOP Cross (7 days): _____	
	IFS to NEFOP Cross (TBD): _____	
IFS Initial Training (14 days): _____	Shrimp Trawl (1 day): _____	Other Training Request: _____
<u>IFS Specialized</u>	Longline (1 day): _____	_____
ASM to IFS Cross: (9-10 days): _____	Pot Trap (1.5 day): _____	
NEFOP to IFS Cross: (7 days): _____	Clam Quahog Dredge (1.5 days): _____	
	High Volume Fishery (1.5 days): _____	

**Number of Candidates Requested:** \_\_\_\_\_  
(Minimum of eight total required for a class)

**Training Date(s)/Time Range Requested:** \_\_\_\_\_

**Justification of Need:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Considerations:** \_\_\_\_\_  
\_\_\_\_\_

**Requested By (Name):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Review Process Policy:

- Upon completion of all fields within this request form, a review will be conducted at the subsequent FSB Projected Training Schedule meeting
- Decisions and feedback will be provided thereafter by FSB Staff/COR to the requesting Provider
- This training request will expire 60 days from the date of submission and will no longer be in consideration during training schedule meetings

**Part 2: To Be Completed by FSB Staff Only**

**FSB Staff Received By (Name):** \_\_\_\_\_ **Date Request Received:** \_\_\_\_\_

**Any modification to the original request with justifications outlined below and recommended by FSB Staff:** (Notes from training meetings specifics who, when, and reasons)

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**Result of Training Date Requested:**

**Approved:** \_\_\_\_\_ **Modified\*:** \_\_\_\_\_ **Not Offered at This Time\*:** \_\_\_\_\_

**FSB Projected Training Date:** \_\_\_\_\_

**Final Result By (Name):** \_\_\_\_\_ **Date of Result:** \_\_\_\_\_

**Justification of Result:**

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\*See Justification of Results for Details