



DEPARTMENT OF THE NAVY

COMMANDANT OF MIDSHIPMEN
U.S. NAVAL ACADEMY
101 BUCHANAN ROAD
ANNAPOLIS, MARYLAND 21402-5100

COMDTMIDNINST 1500.2
MTS PROG COORD
29 Mar 11

COMMANDANT OF MIDSHIPMEN INSTRUCTION 1500.2

Subj: MASTER TRAINING SPECIALIST (MTS) PROGRAM

Ref: (a) NETCINST 1500.2A
(b) Core Competency Qualification Requirements (CCQR)
(c) BUPERSINST 1610.10B
(d) OPNAVINST 6110.1H

Encl: (1) Sample MTS Program Coordinator Designation Letter
(2) Sample MTS Mentor Designation Letter
(3) Sample MTS Mentor Assignment Letter
(4) Sample Qualification Letter
(5) Classroom Instructor Evaluation Checklist

1. Purpose. Education and training are critical success factors in creating and maintaining an agile, responsive and flexible organization. Those who lead in the development, delivery, and supervision of education and training are in a unique position to act as specialists and change agents who impact the Navy beyond the classroom and laboratory. The Master Training Specialist (MTS) Program is designed to develop and qualify those individuals who possess advanced knowledge, skills, and abilities that will enhance the delivery of quality education and training in the Navy. Individuals who are qualified as an MTS will be expected to take a leadership role by which they mentor, instruct, and evaluate the training process and curriculum products within the United States Naval Academy.

2. Cancellation. COMDTMIDNINST 5000.1.

3. Responsibility

a. The Command MTS Program Coordinator shall:

(1) Be designated by the Commandant of Midshipmen utilizing the format in enclosure (1).

(2) Oversee the Command MTS Program per references (a) and (b) and this instruction.

(3) Designate qualified MTS personnel as mentors utilizing the format in enclosure (2).

(4) Assign MTS Mentors to qualified MTS candidates utilizing the format in enclosure (3).

(5) Coordinate with all MTS Mentors monthly for progress updates of MTS mentees enrolled into the MTS program.

(6) Issue and serialize all Core Competency Qualification Requirements (CCQR) handbooks to MTS qualified candidates.

(7) Coordinate and conduct MTS oral examination board for qualified candidates.

(8) Submit all requirements outlined in reference (a) to the Commandant of Midshipmen for MTS designation approval.

b. Department Chairs/Directors shall:

(1) Nominate outstanding performers who qualify for this qualification per references (a) through (e).

(2) Ensure MTS candidates nomination package is complete and includes approved special request chit, last periodic performance evaluation, and last completed PFA data.

c. MTS Mentors shall:

(1) Be assigned by the MTS Program Manager using enclosure (3) of this instruction.

(2) Familiarize themselves with all references pertaining to this instruction.

(3) Monitor the progress of all mentees assigned and brief completion progress on a monthly basis to the Command MTS Program Coordinator.

(4) Ensure that all prerequisites are completed within the Knowledge Qualification Sign-Off Sheet (KQSS) and the Performance Qualification Sign-Off Sheet (PQSS) sections prior to signing any other line items contained within these sections.

d. Oral examination board shall be established to review all nominations for MTS. The following guidelines are provided:

(1) The examination board, chaired by the MTS Program Coordinator, shall consist of a minimum of two other MTS qualified personnel.

(2) While not all inclusive, the following characteristics will be used to examine a potential candidate's level of performance and suitability for MTS designation.

(a) Knowledge of all prerequisite data contained in the CCQR.

(b) Ability to mentor and coach students.

(c) Performance of instructor evaluations.

(d) Conducting in-service training.

(3) The MTS Program Coordinator shall forward nominations to the Commandant of Midshipmen for final approval, utilizing enclosure (4). The nominee's CCQR Final Qualification sign-off sheet shall be included in the package. Candidates disapproved by the MTS examination board must upgrade their knowledge/skills and be re-boarded not less than 6 months before their PRD.

e. The Commandant of Midshipmen shall approve designation as a Master Training Specialist utilizing enclosure (4). The Commandant may remove MTS qualification for failure to maintain requisite standards outlined within reference (a). Removal of MTS qualification will be documented in the service member's official record.

4. Eligibility

a. The MTS program is an 18-month program and is open to all military and civilian personnel meeting the eligibility requirements contained in reference (a).

*****NOTE*****

Individuals desiring to participate in the MTS Program shall submit a special request chit, last performance evaluation, most recent PFA data from PRIMS and a copy of their instructor certification certificate via their chain of command to their Department Head for approval.

b. MTS candidates shall complete all requirements within 18 months and be designated no later than six months prior to member's PRD. Waiver requests will only be approved if a candidate goes TAD for Individual Augmentation (IA) or special circumstances as determined by the Commandant of Midshipmen. All candidates shall:

(1) Complete formal instructor training through one of the Navy's formal training path Instructor Training Schools. Requests for waiver of this requirement may be submitted when the command deems the candidate has equivalent training or educational background.

(2) Receive Enlisted Performance Evaluations/FITREP with no mark in any trait below 3.0 for the 12-month period preceding nomination. Other service personnel evaluations and civil service employee appraisals must reflect equivalent marks for the same time period.

(3) Military personnel shall pass the Physical Fitness Assessment (PFA). Personnel with medical waivers must have passed the last PFA taken prior to the medical waiver. All military personnel must be within the height/weight or body fat standards to be considered.

(4) Provide MTS mentor with status of progress within the MTS program on a weekly basis.

(5) Obtain two instructor evaluations by an MTS qualified personnel utilizing enclosure (5) within 90 days of appearing before the oral review board. All of the evaluations must contain an MTS Recommendation.

(6) Obtain the signature of his/her assigned MTS Mentor in each signature block of reference (c). Command MTS Coordinator may sign line items in the absence of assigned MTS Mentor.

(7) Successfully pass an MTS oral examination board with a score of 80 or better.

5. Legacy MTS. Legacy MTS designees are encouraged to re-qualify under the CCQR certification process as outlined in reference (c).

6. Review Responsibility. The MTS Program Coordinator is responsible for the annual review of this instruction.


R. E. CLARK II

Distribution:
Non-Mids (Electronically)

COMDTMIDNINST 1500.2
29 Mar 11

SAMPLE MTS PROGRAM COORDINATOR DESIGNATION LETTER

From: Commandant of Midshipmen, United States Naval Academy
To: RATE/RANK FULL NAME, USN, XXX-XX-XXXX

Subj: DESIGNATION AS COMMAND MASTER TRAINING SPECIALIST
PROGRAM COORDINATOR

Ref: (a) NETCINST 1500.2A
(b) Core Competency Qualification Requirements (CCQR)
(c) COMDMIDNINST 1500.2

1. You are hereby designated as the Command Master Training Specialist (MTS) Program Coordinator. With this designation, you are granted "By direction" authority for matters pertaining to the MTS Program.

2. You will thoroughly familiarize yourself with the duties and responsibilities outlined in references (a) through (c).

Commandant of Midshipman

Date: _____

FIRST ENDORSMENT

From: RATE/RANK FULL NAME, USN, XXX-XX-XXXX
To: Commandant of Midshipmen, United States Naval Academy

1. I have thoroughly familiarized myself with references (a) through (c), and have assumed the duties as Command Master Training Specialist Program Coordinator.

FULL NAME
RATE/RANK, USN

Enclosure (1)

SAMPLE MTS MENTOR DESIGNATION LETTER

From: Commandant of Midshipmen, United States Naval Academy
To: RATE/RANK FULL NAME, USN, XXX-XX-XXX

Subj: DESIGNATION AS A MASTER TRAINING SPECIALIST MENTOR

Ref: (a) NETCINST 1500.2A
(b) COMDTMIDNINST 1500.2
(c) Core Competency Qualification Requirements (CCQR)

1. Per references (a) through (c), you are hereby designated as an MTS Mentor. As an MTS Mentor you shall exemplify advanced knowledge, skills, and abilities in the delivery of quality education and training. You shall also possess leadership abilities above that which are required to become qualified as MTS. Additionally, you shall:

- a. Familiarize yourself with all references, processes, and methodologies pertaining to this instruction.
- b. Track the progress of all assigned mentorees and deliver monthly progress reports to the Command MTS Program Coordinator.
- c. Maintain your instructor certification(s) as required.
- d. Be available to teach MTS program (CCQR) topics on a regular basis.

MTS Program Coordinator
By direction

FIRST ENDORSEMENT

Date: _____

From: RATE/RANK FULL NAME, USN, XXX-XX-XXX
To: Commandant of Midshipmen, United States Naval Academy

1. I, RATE/RANK FULL NAME, fully understand the duties and responsibilities required to be an MTS Mentor. I further understand that my MTS qualification may be removed by the Commandant of Midshipmen for failure to adhere to the policies set forth in references (a) and (b).

FULL NAME

Copy to:
MTS Program Coordinator

MTS MENTOR ASSIGNMENT LETTER

From: Command Master Training Specialist Coordinator
To: RATE/RANK, FULL NAME

Subj: ASSIGNMENT AS MTS MENTOR

Ref: (a) NETCINST 1500.2A
(b) COMDTMIDNINST 1500.2
(c) Core Competency Qualification Requirements (CCQR)

1. Having been designated as an MTS Mentor as outlined in references (a) through (c), you are hereby assigned duties as an MTS Mentor for the following MTS Candidates:

RATE	NAME	SIGNATURE

2. The above candidate signatures acknowledge assignment of the above subject MTS Mentor.

MEMBER ACKNOWLEDGEMENT

- I have read the above instruction and fully understand my duties and responsibilities as a Master Training Specialist Mentor.
- I also understand it is my responsibility to comply with the above instruction in guiding my assigned candidates towards the successful completion of their certification as a Master Training Specialist.

MTS MENTOR RATE/RANK, FULL NAME

MTS MENTOR SIGNATURE Date

MTS COORDINATOR RATE/RANK, FULL NAME

MTS COORD. SIGNATURE Date

SAMPLE QUALIFICATION LETTER

From: Command MTS Program Coordinator
To: Commandant of Midshipmen, United States Naval Academy
Subj: MASTER TRAINING SPECIALIST QUALIFICATION ICO (RATE/RANK, LAST FOUR SSN, USN)
Ref: (a) NETCINST 1500.2A
(b) COMDTMIDNINST 1500.2
(c) Core Competency Qualification Requirements (CCQR)

1. Per references (a) and (b), and having completed the requirements set forth in reference (c), (Rate/rank name) is recommended for designation as a Master Training Specialist. (Rate/rank name) has fulfilled all MTS eligibility requirements and is strongly recommended by the MTS examination board for designation as a Master Training Specialist.

- a. Period enrolled in MTS Program: DD-MMM-YYYY to DD-MMM-YYYY
- b. NEC: 9502, 9508, XXXX
- c. Instructor certified: DD-MMM-YYYY
- d. Current PRD/EAOS: MM-YYYY/DD-MMM-YYYY

e. Justification: (Rate/rank name) has been assigned as a Platform Instructor to instruct Course Short Titles, providing (# of hours instructed) hours of instruction to (XX) number of students. (Rate/rank name) is an inspirational instructor who excels in motivating students to reach their full potential. (He/She) is always available to ensure that each student receives and understands the course material necessary to succeed in their assigned missions.

2. As a result of (his/her) superlative efforts, both Fleet readiness and the Navy's strength in the (Member's Rate) have been significantly improved.

MTS PROGRAM COORDINATOR

COMMANDANT DECISION:

_____ Approved
_____ Disapproved
_____ Other

Copy to:
Member Service Record

CLASSROOM INSTRUCTOR EVALUATION CHECKLIST				
NAME	RATE	DATE		
COURSE	TOPIC TITLE			
CIN	<input type="checkbox"/> TECHNICAL	<input type="checkbox"/> TECHNIQUE	<input type="checkbox"/> PRACTICE TEACHING	
<input type="checkbox"/> CERTIFICATION <input type="checkbox"/> MONTHLY 1 2 3 <input type="checkbox"/> QUARTERLY 1 2 3 <input type="checkbox"/> HIGH/MODERATE RISK				
Evaluate each item on the checklist as YES, NI (Needs improvement) NO or N/A (Not Applicable)				
1. INTRODUCTION	YES	NI	NO	N/A
a. Displayed course and topic title.				
b. Introduced self.				
c. Explained how the material fits into the course.				
d. Explained objectives to the students.				
e. Stressed the importance of safety.				
f. Explained the importance of satisfactory performance.				
g. Motivated students to do their best.				
2. PRESENTATION				
a. Lesson plan has been personalized.				
b. Classroom and materials are ready for training.				
c. Information technically accurate.				
d. Taught from the discussion points.				
e. Used the lesson plan effectively.				
f. Transitioned and chained material effectively.				
g. Used questioning techniques effectively.				
h. Used technology/training aids effectively.				
i. Maintained proper eye contact.				
j. Displayed enthusiasm.				
k. Used gestures effectively.				
l. Maintained a positive, professional attitude.				
m. Used time effectively.				
n. Avoided distracting mannerisms.				
o. Used communication skills effectively.				
p. Maintained flexibility.				
q. Used personal experiences/examples to stress material.				
r. Explained material clearly.				
3. INSTRUCTOR/STUDENT INTERACTION				
a. Established and maintained student attention.				
b. Encouraged student participation.				
c. Checked for student comprehension.				
d. Established/maintained proper instructor/student relationship.				
4. SUMMARY				
a. Related objective to lesson.				
b. Summarized lesson properly.				
c. Questions checked student understanding.				
d. Reemphasized the importance of safety.				

Satisfactory

Unsatisfactory

Recommended for a Waiver

Recommended for MTS

REMARKS COMPLETED BY THE EVALUATOR

All behaviors evaluated as N/I or NO will be explained under this section. Also include any comments of an outstanding nature. A statement concerning safety procedures must be included in this section.

SIGNATURE AND TITLE OF THE EVALUATOR

DATE

INSTRUCTOR IMPROVEMENT PLAN

I have been debriefed on this evaluation. I understand the areas that need improvement and will take the following action:

SIGNATURE AND TITLE OF THE INSTRUCTOR

DATE