

**ARMS ADDITIONAL TRAINING ACCOMPLISHMENT REPORT**  
*(See Reverse for Completion Instructions)*

AUTHORITY: 10 U.S.C. 8013 AND EO 9397  
PRINCIPAL PURPOSE: Source document for recording individual training events for input into the Aviation Resource Management System (ARMS). To validate accomplishment of mandatory training requirements.  
ROUTINE USES(S): None.  
DISCLOSURE IS VOLUNTARY: Failure to provide the information and SSN for individuals who must meet training currency standards could result in loss of currency, grounding and loss of professional qualification. SSN is used for identification and records.

LAST NAME	AIRCREW SIGNATURE	SSN	UNIT	EVENT DESCRIPTION	TASK ID	DATE (YYYYMMDD) ACCOMPLISHED

INSTRUCTOR/ CERTIFICATION <i>(Signature and Grade)</i>	ARMS PROCESSING COMPLETED			
	INPUT		AUDIT	
	DATE	INITIALS	DATE	INITIALS

## GENERAL INSTRUCTIONS

Follow these guidelines and guidance listed in AFI-11-202V1 to complete the AF Form 1522.

1. This form is mandatory for documenting training events taught by other agencies (*e.g., small arms*) and all events considered grounding (*e.g., egress*). In either case, an instructor or evaluator must certify training accomplishment.
2. This form may be completed in pencil, blue/black ink, or computer generated.
3. LAST NAME: Self-explanatory.
4. AIRCREW SIGNATURE: The aircrew member's signature is required on each AF Form 1522 except as noted in (a) and (b).
  - a. The events are Stan/Eval accomplishments and are certified by a qualified evaluator in the certification block.
  - b. The events are transcribed from ARMS/Oracle products during the in processing of aircrew members. In this case, ARMS personnel will write "Transcribed" in place of the aircrew member's signature.
  - c. The aircrew member is only required to sign once when logging multiple events on a single form.
  - d. Instructors/Evaluators/ARMS personnel will "Z" out the unused portion of the form and write "Last Item".
5. SSN: Self-explanatory
6. UNIT: Self-explanatory.
7. EVENT DESCRIPTION: Enter a short text description of the training accomplished.
8. TASK ID: Enter the training task as listed in AFI 11-401, 11-202, 11-2-MDS specific, or local guidance.
9. DATE ACCOMPLISHED: YYYYMMDD.
10. INSTRUCTOR/EVALUATOR CERTIFICATION: Review categories listed below:
  - a. A certified instructor must sign for all events taught by outside agencies before processing training into ARMS.
  - b. A qualified evaluator must sign for all Stan/Eval entries before processing events into ARMS.
11. ARMS PROCESSING COMPLETED: ARMS personnel only.
12. INPUT DATE/INITIALS: Self-explanatory.
13. AUDIT DATE/INITIALS: Self-explanatory.