I. Introduction

The National Oceanic and Atmospheric Administration’s National Marine Fisheries Service (NOAA Fisheries) observer programs deploy observers to collect data required for fishery conservation and management under the Magnuson-Stevens Fishery Conservation and Management Act regulations, the Marine Mammal Protection Act, and the Endangered Species Act. Quality observer data are essential for management decisions. Therefore, observers must meet minimum eligibility standards to help ensure professionalism, provide quality assurance, prevent conflicts of interest, and promote agency credibility. This procedural directive outlines six minimum eligibility standards: 1) education/experience; 2) training; 3) conflict of interest; 4) physical/medical condition; 5) communication skills; and 6) citizenship or legal work status.
II. Objective

The purpose of this procedural directive is to establish national minimum eligibility standards for individuals admitted to and completing observer training. Detailed standards that implement NMFS Policy Directive 04-109, “National Minimum Eligibility Standards For Marine Fisheries Observers” and this procedural directive can be found in applicable Regional Supplements.

III. Guidance

The following subsections describe the National Minimum Eligibility Standards for Marine Fisheries Observers.

3.1 Education/Experience

Unless the Regional Administrator or Science Director has waived this requirement, observer candidates must have: 1) a bachelor's degree from an accredited college or university with a major in one of the natural sciences and a minimum of 30 semester hours or equivalent in the biological sciences; 2) at least one undergraduate course in math or statistics; and 3) experience with computer data entry. All relevant course work must have been completed and performed at a passing level equivalent to similar course requirements at the candidate’s academic institution.

Regional Administrators and Science Directors may waive the education and experience requirements of this section if an observer candidate has acquired the required skills to be considered eligible for observer training through a NMFS authorized alternative training program. While the granting or denial of the waiver is pending, the justification shall be filed at the regional observer program with a copy or copies provided to the National Observer Program and observer service provider. The alternate training program must include activities and functions including, but not limited to:

a) participating in and/or observing ocean fishing activities consistent with those that would be required during observer work performance;
b) participating in fisheries research cruises;
c) recording data on marine mammal sightings and fishing activities;
d) tallying incidental take of marine mammals, sea turtles, and sea birds from fishing platforms;
e) collecting biological samples and specimens from postmortem animals;
f) entering data into a database using computers; and
g) completion of a biological training program, equivalent to that received as part of a bachelor’s degree, conducted by or approved by NMFS with the specific objective of preparing potential candidates for observer training.
3.2 **Training Requirement**

Observer candidates must complete required observer training by passing, with an overall score of 80% or greater, written and/or oral tests developed by the program in which they wish to work. In addition, candidates must complete the Physical/Medical Condition Examination Form (pgs. 5-7). Failure to pass a training course for one program does not preclude subsequent application to that program or participation in other programs.

3.3 **Conflict of Interest**

(A) An observer:

1) May not have a direct financial interest, other than the provision of observer services, in the fishery, including, but not limited to:
   (i) Any ownership, mortgage, or other secured interest in a vessel or processor involved in the catching, taking, harvesting or processing of fish;
   (ii) Any business selling supplies or services to any vessel or processor in the fishery; or
   (iii) Any business purchasing raw or processed products from any vessel or processor in the fishery.

2) May not solicit or accept, directly or indirectly, any gratuity, gift, favor, entertainment, loan, or anything of monetary value from anyone who either conducts activities that are regulated by NMFS, or has interests that may be substantially affected by the performance or nonperformance of the observer’s official duties.

3) May not serve as an observer on any vessel or at any processor owned or operated by a person who previously employed the observer in another capacity (e.g., as a crew member).

4) May not solicit or accept employment as a crew member or an employee of a vessel or processor while employed by an observer provider.

(B) For the purposes of these standards, a fishery will mean: any fishery that is covered by a regional fishery management council fishery management plan under the Magnuson-Stevens Fishery Conservation and Management Act, the Marine Mammal Protection Act, or Endangered Species Act that requires or possibly requires observer coverage.

(C) Provisions for remuneration of observers do not constitute a conflict of interest.
3.4 **Physical/Medical Condition**
An observer must be physically capable of serving as an observer and performing all required observer duties. An observer must have no known condition that could present a safety or health risk to the observer or to others in the environment in which an observer must operate. Not more than 12 months prior to the end of the candidate’s training and annually thereafter, a licensed physician must complete and sign the Physical/Medical Condition Examination Form (pages 5-7). Prior to the observer candidate’s completion of training, this signed form must be provided to the observer provider company.

3.5 **Communication Skills**
Observer candidates must be able to clearly and concisely communicate verbally and in writing in English.

3.6 **Citizenship or ability to work legally in the U.S.**
All observer candidates must be a U.S. citizen, or a non-citizen who has a green card, TN authorization, H1 visa, or valid work visa, and a social security card.
PHYSICAL/MEDICAL CONDITION and EXAMINATION FORM

Thank you for assisting this NOAA Fisheries observer candidate in his/her goal of becoming a certified NOAA Fisheries observer by completing this PHYSICAL/MEDICAL EXAMINATION FORM.

In order to assist you in this examination, a brief description of a typical working environment of a NOAA Fisheries observer is provided. The working conditions in which NOAA Fisheries observers operate are often very physically demanding. Aboard a boat, the environment can often be very confining in terms of personal space; the observer must be able to work safely in close proximity to moving – and sometimes hazardous – equipment, as well as other ship personnel. NOAA Fisheries observers must be able to work aboard boats that operate in inclement weather, that have hard metal decks; the decks are often wet and sometimes slippery. They must be physically capable of lifting heavy weights, e.g. approximately thirty pounds, and of ascending and descending narrow stairways/ladders. They must be physically capable of climbing over rigging, gang ways, and sides of boats while carrying equipment, and standing for relatively long periods of time during potentially long trips, e.g. during trips lasting approximately one (1) to thirty (30) days. They must be physically capable of working with irregular hours of sleep. Generally speaking, an over-all condition of good physical health is required in order for an individual to adequately perform the required duties of an observer.
Examination Form

I have examined the following NOAA Fisheries observer candidate: _______________. On the basis of a routine physical examination, I find as follows:

1. There is no evident physical condition that would prevent this individual from performing the required duties of an observer.

   Agree __________; 

   Disagree ___________; if you disagree, you may supply information that further explains why you disagree.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. I am aware of no medication that this individual is required to take that would impair this individual from performing the required duties of an observer. I have asked the individual and the individual has stated that he/she is not required to take any medication that would impair him/her from performing the required duties of an observer.

   Agree __________; 

   Disagree _______; if you disagree, you may supply information that explains why you disagree.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
3. I am aware of no medication that this individual is required to take that, upon failure to take, would impair this individual from performing the required duties of an observer. I have asked the individual and the individual has stated that he/she is not required to take any medication that, upon failure to take, would impair this him/her from performing the required duties of an observer.

Yes __________;

No _______________; if you answered no, you may supply information that explains why. [Note: A medical condition that can be managed by appropriate medication may not be disqualifying. However, if an individual is required to take medication that, upon failure to take, would impair this individual to some degree, the nature and/or degree of the impairment to the individual is an important factor for NOAA and observer employers to know in order to certify this individual as able to perform the required duties of an observer.]

________________________________________________________

________________________________________________________

________________________________________________________

Signed: ___________________________, Observer Candidate

Dated: __________________________

Signed: __________________________, certified and licensed physician (MD, DO), for the state of __________________________.

Dated: __________________________