



# CHECKLIST

ATTACHMENT C

## COUNTY PROFESSIONAL CERTIFICATION

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**FEMA SID#** \_\_\_\_\_

**Applicant Position:**     Appointed Coordinator     Deputy Coordinator     Staff

Course	Date Completed	Certificate Enclosed
1. IS - 15 Special Events Contingency Planning		
2. IS - 366 Planning for the Needs of Children in Disasters		
3. IS - 703 NIMS Resource Management		
4. G - 205 Recovery from Disaster: The Local Government Role		
5. G - 290 Basic Public Information Officer		
6. G - 386 Mass Fatalities Incident Response		
7. G - 393 Mitigation for Emergency Managers		
8. G - 557 Rapid Needs Assessment		
9. ICS - 400 or G - 400 Advanced ICS		
10. Service at the advanced certification level for one year		
11. Written endorsement of PEMA Area Director		

### County Agency Recommendation

### PEMA Area Office Recommendation

**Signature:** \_\_\_\_\_  
**Name, Title**  
**(Print):** \_\_\_\_\_  
**Agency:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**Name, Title**  
**(Print):** \_\_\_\_\_  
**Area Office:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

### PEMA State Training Officer

Verified

**Signature:** \_\_\_\_\_  
**Name (Print):** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Signed Certificate:** \_\_\_\_\_