



# CHECKLIST

ATTACHMENT D

## LOCAL BASIC CERTIFICATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Applicant Position:  Appointed Coordinator  Deputy Coordinator  Staff

Course	Date Completed	Certificate Enclosed
1. County Program Orientation Including Duties and responsibilities		
2. Initial Damage Reporting		
3. IS - 100 Intro to Incident Command System, ICS 100		
4. IS - 200 ICS for Single Resources & Initial Action Incidents		
5. IS - 230 Fundamentals of Emergency Management		
6. IS - 235 Emergency Planning Course		
7. IS - 240 Leadership and Influence Course		
8. IS - 700 National Incident Management System: An Introduction		
9. IS - 775 EOC Management and Operations		
10. IS - 800 National Response Framework: An Introduction		
11. Coordinators, Deputy Coordinators, and staff must attend two of the four county quarterly trainings.		
12. Written Endorsement of jurisdiction's county coordinator		

### Local Agency Recommendation

Signature: \_\_\_\_\_

Name, Title (Print): \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

### County Agency Recommendation

Signature: \_\_\_\_\_

Name, Title (Print): \_\_\_\_\_

Area Office: \_\_\_\_\_

Date: \_\_\_\_\_

### PEMA Area Office Recommendation

Signature: \_\_\_\_\_

Name, Title (Print): \_\_\_\_\_

Area Office: \_\_\_\_\_

Date: \_\_\_\_\_

### PEMA State Training Officer

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Verified  Signed Certificate \_\_\_\_\_