



CHECKLIST

ATTACHMENT F

LOCAL 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 or IS - 366 Planning for the Needs of Children in Disasters		
2. IS - 130 Exercise Evaluation and Improvement Planning		
3. IS - 703 NIMS Resource Management		
4. G - 235 Emergency Planning		
5. G - 290 Basic Public Information Officer		
6. ICS - 400 or G - 400 Advanced ICS		
7. Written Endorsement of jurisdiction's county coordinator		
8. Coordinators, Deputy Coordinators, and staff must attend two of the four county quarterly trainings.		

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: _____
Signed Certificate: _____