



# CHECKLIST

ATTACHMENT H

PRACTITIONER PROFESSIONAL CERTIFICATION

**Name:**

**Title:**

**Email:**

**Organization:**

**FEMA SID #:**

Requirement	Date Completed	Cert Attached	Requesting Equivalency <i>Enter Course ID</i>
AWR-401W: Threat and Hazard Identification and Risk Assessment and Stakeholder Preparedness Review (Virtual)			
AWR-923W: Radiological Emergency Management (Virtual)			
IS-5: An Introduction to Hazardous Materials			
IS-26: Guide to Points of Distribution			
K/L-146: Homeland Security Exercise and Evaluation Program Training Course (HSEEP)			
G-271: Hazardous Weather and Flooding Preparedness			
G-290: Basic Public Information Officers Course or E/L-105 Public Information Basics			
G-393: Mitigation for Emergency Managers			
IS-922: Applications of GIS for Emergency Management			
IS-1300: Introduction to Continuity of Operations			
K/E-2300: Intermediate Emergency Operations Center Functions			
Service at the Associate level for one year	Cert Date:		Cert:
Attend two emergency management related In-Service Training (IST) Sessions per year (via a conference or another emergency management related professional development opportunity).	Training 1:		Cert:
	Training 2:		Cert:
Organization's senior management recommendation (Signed Below)	Date Completed:		

**I confirm that all the information contained in this checklist including all supporting documentation is valid and true to the best of my knowledge.**

**Signature:**

**Date:**



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ATTACHMENT H

*PRACTITIONER PROFESSIONAL CERTIFICATION*

**Organization's Senior Management Recommendation:**

**Signature:**

**Printed Name:**

**Organization:**

**Date:**

**PEMA Training & Exercise Division Review:**

**Verified & Recommended**

**Signature:**

**Printed Name:**

**Date:**

**Signed Certificate:**

**Expiration Date (5 Years):**