



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

Signature: _____
Name, Title
(Print): _____

Agency: _____

Date: _____

PEMA Area Office Recommendation

Signature: _____
Name, Title
(Print): _____

Area Office: _____

Date: _____

PEMA State Training Officer

Verified

Signature: _____
Name (Print): _____
Date: _____
Signed Certificate: _____