



CHECKLIST

PROFESSIONAL COUNTY CERTIFICATION

Name: _____

Title: _____

Agency: _____

Email Address: _____

Last Four of SS: XXX-XX-_____ FEMA SID# _____

Applicant Position: Appointed Coordinator Deputy Coordinator Staff

Course	Date Completed	Certificate Enclosed
1. IS - 15.b Special Events Contingency Planning		
2. IS - 366 Planning for the Needs of Children in Disasters		
3. IS - 703.a NIMS Resource Management		
4. G - 250.7 Local Situation (Rapid) Needs Assessment		
5. G - 270.4 Recovery from Disaster the Local Government Role		
6. G - 386 Mass Fatalities Incident Response		
7. G - 393 Mitigation for Emergency Managers		
8. ICS - 400 Advanced ICS		

County Agency Recommendation

Signature: _____
 Name, Title
 (Print): _____
 Agency: _____
 Date: _____

PEMA Area Office Recommendation

Signature: _____
 Name, Title
 (Print): _____
 Area Office: _____
 Date: _____

PEMA State Training Officer

Approved Signature: _____
 Denied Name (Print): _____
 Date: _____