



# CHECKLIST

## COUNTY COMBINED RRT & RO – RECERTIFICATION

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Last Four # of SS: XXX-XX- \_\_\_\_\_ FEMA SID#: \_\_\_\_\_

Course	Date Completed	Certificate Enclosed
1. Copy of current or lapsed RO or RRT Certification		
2. <b>Provide a copy of one of the following:</b>		
a. <b>IS-302 MERRTT:</b> Modular Emergency Radiological Response Transportation Training (FEMA Independent Study – <i>NOT allowed more than once in the span of two refresher cycles</i> ) -or- <b>C-MERRTT:</b> Compressed Modular Emergency Radiological Response Transportation Training		
b. <b>MERRTT:</b> Modular Emergency Radiological Response Transportation Training		
c. <b>FEMA G-320:</b> Fundamentals Course for Radiological Response		
d. <b>RODEO:</b> Radiological Officers' Development of Emergency Operations		
e. <b>Alternative refresher course</b> (as listed in Radiological Training Attachment C. <b>Please submit a copy of the course completion certificate.</b>		

### County Agency Recommendation

Signature: \_\_\_\_\_  
 Name (Print): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Date: \_\_\_\_\_

### PEMA State Training Officer

Signature: \_\_\_\_\_  
 Name (Print): \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Approved  Denied