



# CHECKLIST

## COUNTY RADIOLOGICAL RESPONSE TECHNICIAN INITIAL CERTIFICATION

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. <b>ICS-100:</b> Introduction to Incident Command System		
2. <b>ICS-200:</b> ICS for Single Resources & Initial Action Incidents		
3. <b>IS-700:</b> National Incident Management System: An Introduction		
4. <b>IS-800:</b> The National Response Framework: An Introduction		
5. <b>IS-3:</b> Radiological Emergency Management		
6. <b>MERRTT:</b> Modular Emergency Response Radiological Transportation Training		

### County Agency Recommendation

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

### PEMA State Training Officer

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