



# CHECKLIST

## PEMA RADIOLOGICAL INSTRUCTOR - 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(s) Enclosed
1. <b>PEMA</b> Instructor classification certificate		
2. Four years of experience as a RO or equivalent		
3. <b>PER-908-01:</b> FEMA/CDP Radiological Series Train-the-Trainer		
4. <b>EMLL:</b> PSFA Educational Methodology for Local Level Instructor course (or PEMA-approved equivalent)		
5. <b>Mentoring:</b> Successfully completed Provisional Instructor Mentoring Program		

### PEMA Review

Signature: \_\_\_\_\_

Name (*Print*): \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Denied

### PEMA State Training Officer

Signature: \_\_\_\_\_

Name (*Print*): \_\_\_\_\_