



# CHECKLIST

## PEMA RADIOLOGICAL INSTRUCTOR - 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(s) Enclosed
<b>RECERTIFICATION:</b> Provide copies of the following:		
1. <b>Instructional Time:</b> 32-hours at minimum of active instruction biennially (should conduct at least one radiological course annually).		
2. Complete biennially at least 8-hours of a continuing education program related to the instructor's specialty, in an adult/vocational education program, or radiological program.		

**NOTE:** Use reverse side of this page to identify courses taught and continuing education.

### PEMA Review

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

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

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

Approved

Denied

### PEMA State Training Officer

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

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



