



# CHECKLIST

## BASIC LOCAL 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. <b>County Program Orientation</b>		<input type="checkbox"/>
2. <b>Duties &amp; Responsibilities</b>		<input type="checkbox"/>
3. <b>Initial Damage Reporting</b>		<input type="checkbox"/>
4. <b>IS - 100.b</b> Introduction to Incident Command System		<input type="checkbox"/>
5. <b>IS - 200.b</b> ICS for Single Resources and Initial Action Incidents		<input type="checkbox"/>
6. <b>IS - 230.d</b> Fundamentals of Emergency Management*		<input type="checkbox"/>
7. <b>IS - 235.b</b> Emergency Planning Course*		<input type="checkbox"/>
8. <b>IS - 240.b</b> Leadership and Influence Course*		<input type="checkbox"/>
9. <b>IS - 700.a</b> National Incident Management System: An Introduction		<input type="checkbox"/>
10. <b>IS - 775</b> EOC Management and Operations		<input type="checkbox"/>
11. <b>IS - 800.b</b> National Response Framework: An Introduction		<input type="checkbox"/>

\* FEMA Professional Development Series Course

### Municipal/ 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: \_\_\_\_\_