



# CHECKLIST

## ADVANCED LOCAL CERTIFICATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Last Four of SS: XXX-XX-\_\_\_\_\_

Applicant Position:  Appointed Coordinator  Deputy Coordinator  Staff

Course	Date Completed	Certificate Enclosed
1. <b>IS - 3</b> Radiological Emergency Management		
2. <b>IS - 5.a</b> An Introduction to Hazardous Materials		
3. <b>IS - 241.a</b> Decision Making and Problem Solving*		
4. <b>IS - 242.a</b> Effective Communication*		
5. <b>IS - 244.a</b> Developing and Managing Volunteers*		
6. <b>IS - 271</b> Anticipating Hazardous Weather and Community Risk		
7. <b>IS - 547.a,</b> Introduction to Continuity of Operations		
8. <b>IS - 702.a</b> National Incident Management Systems (NIMS) Public Information Systems <b>or G - 289</b> Public Information Officer Awareness		
9. <b>G - 191</b> ICS/EOC Interface Workshop		
10. <b>ICS 300</b> Intermediate ICS for Expanding Incidents		

\*FEMA Professional Development Series Course

### Municipal/County Agency Recommendation

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

### PEMA Area Office Recommendation

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



# CHECKLIST

## ADVANCED LOCAL CERTIFICATION (con't)

### **PEMA State Training Officer**

Approved   
Denied

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