



# CHECKLIST

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

\*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

## **BASIC LOCAL CERTIFICATION (con't)**

### **PEMA State Training Officer**

Approved

Denied

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

Name, Title \_\_\_\_\_

(Print): \_\_\_\_\_

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

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