



CHECKLIST

PROFESSIONAL LOCAL CERTIFICATION

Name: _____

Title: _____

Agency: _____

Last Four of SS: XXX-XX-_____

Applicant Position: Appointed Coordinator Deputy Coordinator Staff

Course	Date Completed	Certificate Enclosed
1. IS - 15.b Special Events Contingency Planning or IS - 366 Planning for the Needs of Children in Disasters		
2. IS - 139 Exercise Design and Evaluation*		
3. IS - 703.a NIMS Resource Management		
4. G - 235 Emergency Planning		
5. G - 290 Basic Public Information Officer		
6. ICS 400 Advanced ICS		

*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: _____

PEMA State Training Officer

Approved
 Denied

Signature: _____
 Name, Title
 (Print): _____
 Agency: _____
 Date: _____