



# 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. <b>IS - 15.b</b> Special Events Contingency Planning <b>or</b> <b>IS - 366</b> Planning for the Needs of Children in Disasters		
2. <b>IS - 139</b> Exercise Design and Evaluation*		
3. <b>IS - 703.a</b> NIMS Resource Management		
4. <b>G - 235</b> Emergency Planning		
5. <b>G - 290</b> Basic Public Information Officer		
6. <b>ICS 400</b> 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: \_\_\_\_\_