



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