



CHECKLIST

ADVANCED LOCAL CERTIFICATION

Name: _____

Title: _____

Agency: _____

Email Address: _____

Last Four of SS: XXX-XX-_____ FEMA SID# _____

Applicant Position: Appointed Coordinator Deputy Coordinator Staff

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

Area Office: _____

Date: _____

PEMA State Training Officer

Approved

Denied

Signature: _____

Name (Print): _____

Date: _____