



CHECKLIST

PROFESSIONAL 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 - 15.b Special Events Contingency Planning <i>or</i> IS - 366 Planning for the Needs of Children in Disasters		
1. IS – 130 Exercise Evaluation and Improvement Planning <i>or</i> IS – 139 Exercise Design and Evaluation (PDS) <i>(no longer available as of 02/26/2015 via FEMA IS)</i>		
2. IS - 703.a NIMS Resource Management		
3. G – 235 Emergency Planning		
4. G – 290 Basic Public Information Officer		
5. 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): _____
Area Office: _____
Date: _____

PEMA State Training Officer

Approved Signature: _____
Denied Name (Print): _____
Date: _____