



CHECKLIST

ATTACHMENT D

LOCAL BASIC CERTIFICATION

Name: _____

Title: _____

Agency: _____

Email Address: _____

FEMA SID# _____

Applicant Position: Appointed Coordinator Deputy Coordinator Staff

Course	Date Completed	Certificate Enclosed
1. County Program Orientation Including Duties and responsibilities		
2. Initial Damage Reporting		
3. IS - 100 Intro to Incident Command System, ICS 100		
4. IS - 200 ICS for Single Resources & Initial Action Incidents		
5. IS - 230 Fundamentals of Emergency Management		
6. IS - 235 Emergency Planning Course		
7. IS - 240 Leadership and Influence Course		
8. IS - 700 National Incident Management System: An Introduction		
9. IS - 775 EOC Management and Operations		
10. IS - 800 National Response Framework: An Introduction		
11. Coordinators, Deputy Coordinators, and staff must attend two of the four county quarterly trainings.		
12. Written Endorsement of jurisdiction's county coordinator		

Local Agency Recommendation

Signature: _____

Name, Title

(Print): _____

Agency: _____

Date: _____

County Agency Recommendation

Signature: _____

Name, Title

(Print): _____

Area Office: _____

Date: _____

PEMA Area Office Recommendation

Signature: _____

Name, Title

(Print): _____

Area Office: _____

Date: _____

PEMA State Training Officer

Signature: _____

Name

(Print): _____

Date _____

Verified Signed Certificate _____