



# CHECKLIST

ATTACHMENT F

## MUNICIPAL PROFESSIONAL CERTIFICATION

**Name:**

**Title:**

**Email:**

**Agency:**

**FEMA SID #:**

**Applicant Position:**

Requirement	Date Completed	Cert Attached	Requesting Equivalency <i>Enter Course ID</i>
AWR-401W: Threat and Hazard Identification and Risk Assessment and Stakeholder Preparedness Review (Virtual)			
AWR-923W: Radiological Emergency Management (Virtual)			
IS-5: An Introduction to Hazardous Materials			
IS-26: Guide to Points of Distribution			
IS-120: An Introduction to Exercises			
G-271: Hazardous Weather and Flooding Preparedness			
G-290: Basic Public Information Officers Course or E/L-105: Public Information Basics			
G-393: Mitigation for Emergency Managers			
IS-922: Applications of GIS for Emergency Management			
IS-1300: Introduction to Continuity of Operations			
K/E-2300: Intermediate Emergency Operations Center Functions			
Service at the Associate Certification level for one year.	Cert Date:		Cert:
Attend two In-Service Training (IST) Sessions provided by PEMA or the County EMA	Session 1:		Cert:
	Session 2:		Cert:
Jurisdiction's County Coordinator Recommendation (Signed Below)	Date Completed:		
Completion of all requirements no later than three years following appointment (Appointed Coordinator only)	Appointment Date:		

**I recommend the applicant for certification.**

**Signature:**

**Date:**

**Municipal Supervisor or Elected Official**



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**County Agency Recommendation:**

**Signature:**

**Printed Name:**

**Agency:**

**Date:**

**PEMA Area Office Recommendation:**

**Signature:**

**Printed Name:**

**Area Office:**

**Date:**

**PEMA Training & Exercise Division Review:**

**Verified & Recommended**

**Signature:**

**Printed Name:**

**Date:**

**Signed Certificate:**

**Expiration Date (5 years):**