



# CHECKLIST

ATTACHMENT E

MUNICIPAL ASSOCIATE CERTIFICATION

**Name:**

**Title:**

**Email:**

**Agency:**

**FEMA SID #:**

**Applicant Position:**

Requirement	Date Completed	Cert Attached	Requesting Equivalency <i>Enter Course ID</i>
P-002: Duties and Responsibilities (Virtual)			
P-004: Initial Damage Reporting (Virtual)			
P-012: Resource Request Process Training (Virtual)			
IS-29: Public Information Officer Awareness			
G-191: ICS/EOC Interface (Classroom or Virtual)			
IS-230: Fundamentals of Emergency Management			
G-235: Emergency Planning			
IS-1000: Public Assistance			
IS-2000: National Preparedness Goal and System Overview			
IS-2200: Basic Emergency Operations Center Functions			
IS-2500: National Prevention Framework, an Introduction			
IS-2600: National Protection Framework, an Introduction			
IS-2700: National Mitigation Framework, an Introduction			
IS-2900: National Disaster Recovery Framework Overview			
IS-2901: Community Lifelines			
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:		

**I recommend the applicant for certification.**

**Signature:**

**Date:**

**Municipal Supervisor or Elected Official**



# CHECKLIST

ATTACHMENT E

*MUNICIPAL ASSOCIATE CERTIFICATION*

**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:**