



# CHECKLIST

## LOCAL PROFESSIONAL CERTIFICATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Last Four of SSN: XXX-XX-\_\_\_\_\_

Course	Date Completed	Certificate Enclosed
1. <b>IS - 15.b</b> Special Events Contingency Planning <i>or</i> <b>IS - 366</b> Planning for the Needs of Children in Disasters		
2. <b>IS - 139</b> Exercise Design and Evaluation*		
3. <b>IS - 703.a</b> NIMS Resource Management		
4. <b>G - 235</b> Emergency Planning		
5. <b>G - 290</b> Basic Public Information Officer		
6. <b>ICS 400</b> Advanced ICS		

*\*FEMA Professional Development Series Course*

### Municipal Agency Recommendation

### County Agency Recommendation

Signature: \_\_\_\_\_  
 Name, Title  
 (Print): \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Name, Title  
 (Print): \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Date: \_\_\_\_\_

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# CHECKLIST

## LOCAL PROFESSIONAL CERTIFICATION (con't)

### PEMA Area Office Recommendation

Signature: \_\_\_\_\_  
Name, Title (Print): \_\_\_\_\_  
Agency: \_\_\_\_\_  
Date: \_\_\_\_\_

### PEMA State Training Officer

Approved   
Denied

Signature: \_\_\_\_\_  
Name, Title  
(Print): \_\_\_\_\_  
Agency: \_\_\_\_\_  
Date: \_\_\_\_\_