

LOCAL BASIC CERTIFICATION

Nam						
Title: Agency:			*			
_	il Address:					
ema	iii Address:	,:=====================================				
			FEMA SID#			
Appl	licant Position:		Coordinator 📙 Depu	ity Coordinator [Staff	
		Course		Date Completed	Certificate Enclosed	
1	. County Prog	gram Orientation	n Including Duties	and	Liiciosed	
	responsibilitie					
2	. Initial Damag	e Reporting				
3						
4	. IS - 200 ICS f Incidents	for Single Resourc	ces & Initial Action			
5.	. IS - 230 Fund	lamentals of Eme	rgency Management			
6.	. IS - 235 Emer	rgency Planning C	Course			
7.	. IS - 240 Lead	الأكريسي الك				
8.	. IS - 700 Nation Introduction					
9.	IS - 775 EOC Management and Operations					
10	0. IS - 800 Natio	National Response Framework: An Introduction				
1:		Coordinators, Deputy Coordinators, and staff must attend two of the four county quarterly trainings.				
12	2. Written Endor	rsement of jurisdi	ction's county coordina	ator		
oca	l Agency Recom	nmendation	County Age	ncy Recommend	ation	
	- '	michaation		ney Recommend	ution	
Signature:			Signature:	7		
Name, Title (Print):			Name, Title (Print):			
	. ,		. ,			
Date:						
PEMA Area Office Recommendation			PEMA State	Training Officer		
Signature:			Signature:			
Name, Title			Name			
	(Print):		(Print):	-		
Area Office:			Date			
Date:			Verified 🗌	Signed Certificate		