



CHECKLIST

ATTACHMENT H

PRACTITIONER PROFESSIONAL CERTIFICATION

Name:

Address:

Email:

City:

State:

ZIP Code:

FEMA SID #:

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			
K/L-146: Homeland Security Exercise and Evaluation Program Training Course (HSEEP)			
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 level for one year	Cert Date:		Cert:
Attend two emergency management related In-Service Training (IST) Sessions per year (via a conference or another emergency management related professional development opportunity).	Training 1:		Cert:
	Training 2:		Cert:
Organization's senior management recommendation (Signed Below)	Date Completed:		

I confirm that all the information contained in this checklist including all supporting documentation is valid and true to the best of my knowledge.

Signature:

Date:



CHECKLIST

ATTACHMENT H

PRACTITIONER PROFESSIONAL CERTIFICATION

Organization's Senior Management Recommendation:

Signature:

Printed Name:

Organization:

Date:

PEMA Training & Exercise Division Review:

Verified & Recommended

Signature:

Printed Name:

Date:

Signed Certificate:

Expiration Date (5 Years):