



# CHECKLIST

ATTACHMENT C

COUNTY 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 (In-person or Virtual)			
P-003: Headquarters Orientation - Required for coordinators and deputies. County staff may attend at the county's discretion. (In-person or Virtual)			
P-004: Initial Damage Reporting (In-person or Virtual)			
P-010: Area Office Orientation (at Area Office only)			
P-012: Resource Request Process Training (Virtual)			
IS-29: Public Information Officer Awareness			
G-191: ICS/EOC Interface (In-Person 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 annually	Session 1: Session 2:		Cert: Cert:
Attend one emergency management related conference annually (coordinator only)	Provider: Date:		Cert:



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Requirement	Date Completed
Achievement of a passing score on written exam (Coordinator only)	
Successful completion of a functional exercise designed by PEMA to meet required components, or submission of a package that documents real world experience in lieu of an exercise (Appointed Coordinator only)	
County Agency Recommendation (Signed Below)	
PEMA Area Office Recommendation (Signed Below)	

**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:**

**County Agency Recommendation:**

**PEMA Area Office Recommendation:**

**Signature:**

**Signature:**

**Printed Name:**

**Printed Name:**

**Agency:**

**Area Office:**

**Date:**

**Date:**

**PEMA Training & Exercise Division Review:**

**Verified & Recommended**

**Signature:**

**Printed Name:**

**Date:**

**Signed Certificate:**