



# CHECKLIST

ATTACHMENT G

PRACTITIONER ASSOCIATE CERTIFICATION

**Name:**

**Address:**

**Email:**

**City:**

**State:**

**ZIP Code:**

**FEMA SID #:**

Requirement	Date Completed	Cert Attached	Requesting Equivalency <i>Enter Course ID</i>
P-002: Duties and Responsibilities (Virtual)			
P-004: Initial Damage Reporting (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 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:**



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**Organization's Senior Management Recommendation:**

**Signature:**

**Printed Name:**

**Organization:**

**Date:**

**PEMA Training & Exercise Division Review:**

**Verified & Recommended**

**Signature:**

**Printed Name:**

**Date:**

**Signed Certificate:**