



CHECKLIST

ATTACHMENT G

PRACTITIONER ASSOCIATE CERTIFICATION

Name:

Title:

Email:

Organization:

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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PRACTITIONER ASSOCIATE CERTIFICATION

Organization's Senior Management Recommendation:

Signature:

Printed Name:

Organization:

Date:

PEMA Training & Exercise Division Review:

Verified & Recommended

Signature:

Printed Name:

Date:

Signed Certificate: