



CHECKLIST

ATTACHMENT E

MUNICIPAL 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 (Virtual)			
P-004: Initial Damage Reporting (Virtual)			
P-012: Resource Request Process Training (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 In-Service Training (IST) Sessions provided by PEMA or the County EMA	Session 1:		Cert:
	Session 2:		Cert:
Jurisdiction's County Coordinator Recommendation (Signed Below)	Date Completed:		

I recommend the applicant for certification.

Signature:

Date:

Municipal Supervisor or Elected Official



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MUNICIPAL ASSOCIATE CERTIFICATION

County Agency Recommendation:

Signature:

Printed Name:

Agency:

Date:

PEMA Area Office Recommendation:

Signature:

Printed Name:

Area Office:

Date:

PEMA Training & Exercise Division Review:

Verified & Recommended

Signature:

Printed Name:

Date:

Signed Certificate: