

## Attachment I: Checklist for Prior Experience in Lieu of Certification Exercise for Emergency Management Coordinators

Applicant's Name: \_\_\_\_\_

Applicant's County: \_\_\_\_\_

Date of Submission by County: \_\_\_\_\_

Date of Area Office Review: \_\_\_\_\_

Step	Requirement	Completed (check off)
<ul style="list-style-type: none"> <li>County Coordinator has submitted a comprehensive packet of documentation of real-world experience (minimum of 2 large, complex incidents) showing they can meet the following relevant objectives:</li> </ul>	<ul style="list-style-type: none"> <li>Activation of EOC</li> </ul>	
	<ul style="list-style-type: none"> <li>Directing EOC operations</li> </ul>	
	<ul style="list-style-type: none"> <li>Gathering/providing information (ie: situational awareness)</li> </ul>	
	<ul style="list-style-type: none"> <li>Identify/addressing issues</li> </ul>	
	<ul style="list-style-type: none"> <li>Prioritize and provide resources</li> </ul>	
	<ul style="list-style-type: none"> <li>Support &amp; coordinate the incident response</li> </ul>	
	<ul style="list-style-type: none"> <li>Demobilization of the EOC</li> </ul>	
<ul style="list-style-type: none"> <li>The EMC has supplied the following documentation for each incident:</li> </ul>	<ul style="list-style-type: none"> <li>ICS 203's showing the applicant in the EOC Manager (or equivalent) role</li> </ul>	
	<ul style="list-style-type: none"> <li>Incident Action Plans from the incidents</li> </ul>	
	<ul style="list-style-type: none"> <li>Situation Reports from the incidents</li> </ul>	
	<ul style="list-style-type: none"> <li>After Action Report for the incident</li> </ul>	
	<ul style="list-style-type: none"> <li><b>(Optional)</b> Other documents that show the complexity of the incident and experience of the applicant as an EOC Manager during a longer duration (ie: WebEOC documentation, completed Position Task Books for EOC Manager, etc.)</li> </ul>	

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for Emergency Management Coordinators**

**PEMA Area Office Recommendation:**

*I have reviewed this submission and agree that the documentation provided meets the required objectives and shows that this applicant has met the requirements to use real world experience in lieu of a certification exercise.*

Signature:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Area Office:   EAO    CAO    WAO

Date: \_\_\_\_\_

**Training & Exercise Division Supervisor or Planning, Training, & Exercise Bureau Director  
Recommendation:**

Signature:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Deputy Director for Operations Approval:**

Approved    Denied

Signature:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_