



# STATE OF ARIZONA Department of Homeland Security In collaboration with Division of Emergency Management



1700 W. Washington, Suite 210 PHOENIX, ARIZONA 85007

### **CERT TtT Checklist**

THIS CHECKLIST MUST ACCOMPANY EACH COMPLETED APPLICATION

(Partial applications will not be accepted.)

Er	nail Completed	d Application Packets & Support (cbowen@az)	ing Documentation to Cheryl Bowen Kennedy  dohs.gov)
		Phone: (602)	
		lication Form (with all required	d signatures)
Ш	Lette	er of Endorsement	
		vidence of Completion of Re	•
(The	e <u>ONLY</u> acceptable	e evidence is a copy of certificate or lette	r/email from FEMA/EMI indicating successful completion.)
	G-317	Basic 20-hr Community Em	ergency Response Team Training
	IS-100.b	Introduction to the Inciden	t Command System (ICS)
	IS-200.b	ICS for Single Resources an	d Initial Action Incidents
	IS-700.a	National Incident Manager	nent System (NIMS), an Introduction
	IS-800.b	National Response Framev	vork (NRF), an Introduction
		Evidence of Completion for	Recommended Courses
	IS-317	Introduction to Community E	mergency Response Teams (See requirements page.)
	IS-315.A	CERT and the Incident Com	imand System
	IS-909		Implementing Simple Activities for Everyone
Му ар	plication is co	omplete, and I have attached t	the required documents, certificates, etc.
Printe	d name of ap	plicant	
Signat	ture of applica	ant & Date	
For AZI	DOHS ONLY:		
Applic	cation Comple	ete/Date	Application Approved/Denied & Date





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### **CERT Train-the-Trainer (TtT) G-417**

## Requirements for attendance G-417

- 1. Minimum of High School diploma or equivalent and at least 18 years of age.
- 2. Instructors may be recruited and selected to conduct this course for the State based on their working knowledge of the content and skills required for each session.
- 3. G-317 Basic Hands-on CERT class must have been completed within the previous 12 months. If G-317 Basic Hands-on CERT class was not completed within the last 12 months, applicants will be required to complete IS-317.
- 4. Recognized certifications that relate to the particular subject area (s) are highly desirable (i.e., CEM®, PDS, CPR, First Aid, etc.). Please submit copy of certificate/proof with the application.
- 5. A letter of endorsement from the applicant's sponsor or previous adjunct position.
- 6. Evidence of successful completion (i.e., copy of certificates) of the following FEMA classes available online at http://training.fema.gov/IS/crslist.asp.

#### **Required**

•	G-317	Hands-on Basic CERT (See paragraph 3)
•	IS-100.b	Introduction to the Incident Command System
•	IS-200.b	ICS for Single Resources & Initial Action Incidents
•	IS-700.a	National Incident Management System, An Introduction
•	IS-800.b	National Response Framework, An Introduction

#### **Highly Recommended**

•	IS-317	Introduction to Community Emergency Response Teams (See paragraph 3)
•	IS-315.A	CERT and the Incident Command System
•	IS-909	Community Preparedness: Implementing Simple Activities for Everyone

7. Participate in the instruction of two Basic CERT (G-317) classes per year, if available.





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## **CERT – COMMUNITY EMERGENCY RESPONSE TEAM**

## TRAIN-THE-TRAINER COURSE APPLICATION

(PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION)

APPLICANT Name:			EIN: _			
Phone #: (Wor	k)	(Cell)		E-mail:		
CERT Class Applying for:						
_	Date		Locat	ion		
YES/NO Have	you met the basic course	ore-requisite requiremen	ts?			
Are yo	Are you trained as an emergency services provider?					
Are yo	ou willing to commit to ins	tructing a minimum of th	iree 20-hou	ır classes per year?		
Have	you ever been convicted c	of a felony?				
May v	ve share your contact info	rmation with other juriso	lictions?			
Do yo	u have any special skills th	at may enhance your tra	ining delive	ry? (i.e., foreign languages, amateur radio		
	r) If so, please describe:	ng to the known limitatio	ns of my ak			
	e in CERT training accordi					
Signature:			Date:			
-	ONSOR APPROVAL					
Organization:		Pho	one:			
Address:	Street	City		Zip		
Approver:		City		ΣΙΡ		
	Print Name	Title				
Signature:			Date:			
COUNTY ENDO						
County: Phone Name & Signature Approval:			one:	Data		
		aining, contact Cheryl Row	n Kennedy	Date:		
		2) 542-7077 • Fax (602) 542	•	· · · · · · · · · · · · · · · · · · ·		