Submitted in pursuit of certification for the [**Position**] ICS position.

**Training**

**NIMS/ICS Basic Training Courses Date Achieved**

IS-100 Introduction to ICS [Date Completed]

IS-200 ICS for Initial Action Incidents [Date Completed]

ICS-300 Intermediate ICS for Expanding Incidents [Date Completed]

ICS-400 ICS for Command and General Staff\* [Date Completed]

**All-Hazards Incident Management Team Course Date Achieved**

O-305 AHIMT Course\* [Date Completed]

**NIMS/ICS Position Specific Course(s) Date Achieved**

[ICS Position Specific Course # and Title]\*\* [Date Completed]

[ICS Position Specific Course # and Title]\*\* [Date Completed]

[ICS Position Specific Course # and Title]\*\* [Date Completed]

[ICS Position Specific Course # and Title]\*\* [Date Completed]

[ICS Position Specific Course # and Title]\*\* [Date Completed]

**ICS / EOC Interface Course(s) Date Achieved**

G-191 ICS/EOC Interface\* [Date Completed]

**AHIMTA Higher Standard Course(s) Date Achieved**

[IS-11 Additional Training as required]\*\* [Date Completed]

[IS-42 Additional Training as required]\*\* [Date Completed]

[IS-111 Additional Training as required]\*\* [Date Completed]

[IS-240 Additional Training as required]\*\* [Date Completed]

[IS-241 Additional Training as required]\*\* [Date Completed]

[IS-242 Additional Training as required]\*\* [Date Completed]

[IS-271 Additional Training as required]\*\* [Date Completed]

[IS-632 Additional Training as required]\*\* [Date Completed]

[IS-703 Additional Training as required]\*\* [Date Completed]

[IS-2200 Additional Training as required]\*\* [Date Completed]

[IS-2900 Additional Training as required]\*\* [Date Completed]

[IS-2901 Additional Training as required]\*\* [Date Completed]

**AHIMTA Leadership Training Date Achieved Hours**

[Leadership Training Course # 1] [Date Completed] [Hours]

[Leadership Training Course # 2] [Date Completed] [Hours]

[Leadership Training Course # 3] [Date Completed] [Hours]

[Leadership Training Course # 4] [Date Completed] [Hours]

[Leadership Training Course # 5] [Date Completed] [Hours]

**Hazardous Materials Training Date Achieved Hours**

Awareness Training [Date Completed] [Hours]

Operations Level Training [Date Completed] [Hours]

**Experience**

**Name and Kind Dates Type Op Periods Position**

[Incident Name & Kind] [MM/DD/YY – MM/DD/YY] 2 14 [RESL]

[Central City School Shooting] [MM/DD/YY – MM/DD/YY] 1 10 [SOFR]

[Liberty County Wildfire] [MM/DD/YY – MM/DD/YY] 2 7 [PSC]

[Columbia Full Scale Exercise] [MM/DD/YY – MM/DD/YY] 3 3 [SITL]