

Recognition of Prior Learning Self-Assessment & Portfolio Worksheet

SECTION I: CONTACT INFORMATION:

ICS Position applying for: _____

Name (last, first, middle initial): _____

Email address: _____

Primary phone: _____

Secondary phone: _____

Street Address 1: _____

Street Address 2: _____

City, State: _____ Zip: _____

Employer: _____

Employer contact name: _____

Employer contact phone: _____

Current position/title: _____

SECTION II: INCIDENT MANAGEMENT TEAM AFFILIATION:

Are you, or have you been qualified* in any specific Incident Management Team position? <i>**Qualified** specifically means a recognized position-specific qualification from an established organization such as, NWCG, USCG, or another State with an active qualifying program such as AHIMTA-IIMTQS or FEMA NQS.</i>	YES	NO
If yes, which position(s)?		
Are you currently affiliated with an established Incident Management Team?	YES	NO
If yes, indicate the team name and location:		

SECTION 3: Relevant Historical Experience and Documentation

Below indicate your participation in any of the following: multi-operational period incidents; evaluated exercises (Functional or Full Scale) that follow HSEEP guidelines; and/or any planned events where you were assigned the specific All-Hazards position for which you are applying. You must include at minimum one actual, unplanned, emergent, multi-operational incident occurring within the last ten (10) years.

Record #: 01

Name and Location of Incident or Event: _____

Specific Position Filled: _____

Dates (starting and ending): _____

Type of Incident: _____ Complexity: Type

Record #: 02

Name and Location of Incident or Event: _____

Specific Position Filled: _____

Dates (starting and ending): _____

Type of Incident: _____ Complexity: Type

Record #: 03

Name and Location of Incident or Event: _____

Specific Position Filled: _____

Dates (starting and ending): _____

Type of Incident: _____ Complexity: Type

Record #: 04

Name and Location of Incident or Event: _____

Specific Position Filled: _____

Dates (starting and ending): _____

Type of Incident: _____ Complexity: Type

Record #: 05

Name and Location of Incident or Event: _____

Specific Position Filled: _____

Dates (starting and ending): _____

Type of Incident: _____ Complexity: Type

Record #: 06

Name and Location of Incident or Event: _____

Specific Position Filled: _____

Dates (starting and ending): _____

Type of Incident: _____ Complexity: Type

Record #: 07

Name and Location of Incident or Event: _____

Specific Position Filled: _____

Dates (starting and ending): _____

Type of Incident: _____ Complexity: Type

Record #: 08

Name and Location of Incident or Event: _____

Specific Position Filled: _____

Dates (starting and ending): _____

Type of Incident: _____ Complexity: Type

SECTION 4: Relevant Training

Course

Date of Completion

ICS-100

ICS-200

ICS-300

SECTION 6: Required Signatures

I hereby CERTIFY that the information recorded on this application is true and correct. I agree that I have reviewed, and will comply with, all state requirements as identified by the Type 3 All-Hazards Incident Management System Qualifying Guide.

Printed Name and Title	Signature	Date
Supervisor:		
Incident Commander (if applicable):		
Incident Commander (if applicable):		
Applicant:		

Include contact information in Section 4 above for all signatures other than applicant.

Submit materials as PDF files to: IMTCERTS@dhSES.ny.gov with a subject line of Recognition of Prior Learning