

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 5: Recommendations

List any personal references who may be contacted during the review process to help provide personal knowledge of your experience while serving within the Incident Command System during your career including, but not limited to, the following: emergent incidents; evaluated exercises (Functional or Full Scale) that follow HSEEP guidelines; and events in which you have performed in the specific position for which you are applying. Please attach letters, resumes, and any other related documentation to support this application. Ensure all information is true and correct.

[illegible]

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