

New York State, All-Hazards Communications Unit
 Position-Specific Credentialing
 Credential Renewal Form

COML and/or COMT

Name: _____
 First Name Middle Initial Last Name

Rank and/or Working Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

COMU Position being applied for: COML COMT

Note: Requirements for qualification are detailed in the New York State All-Hazards Communications Unit Position-Specific Credentialing Policy, available at <http://www.dhSES.ny.gov/oiec/training-exercises/>

Continuing Education Requirements

Credentialed COML and/or COMT's will be required to complete thirty-six (36) hours of CEU, prior to their expiration date, in the following six (6) categories:

- Job Duties as it relates to communications systems (voice, data, IOP planning) **(4 Hours Minimum)**
 - Establish a communications system to meet incidents operational needs **(4 Hours Minimum)**
 - Workshops and/or Seminars **(6 Hours Minimum)**
 - Exercises (Functional/Full Scale) **(12 Hours Minimum)**
- Communications/ICS Related Training Programs **(6 Hours Minimum)**
 - Communications Presentations/Teaching **(4 Hours Minimum)**

Categories	Date	Hours
<i>Job Duties as it relates to communications systems (4 Hours Minimum)</i>		
<i>Establish a communications system to meet incidents operational needs (4 Hours Minimum)</i>		
<i>Workshops and/or Seminars</i>		
<i>Exercises</i>		
<i>Communications/ICS related training programs</i>		
<i>Communications Presentations/Teaching</i>		

Exercise-Incident Information

(To be filled out in support of CEU's on previous page)

Exercise: Incident Date: _____ Location: _____

COMU Position: _____ Incident Name: _____

Incident Commander Name: _____ Phone: _____

Exercise: Incident Date: _____ Location: _____

COMU Position: _____ Incident Name: _____

Incident Commander Name: _____ Phone: _____

Incident: Incident Date: _____ Location: _____

COMU Position: _____ Incident Name: _____

Incident Commander Name: _____ Phone: _____

Incident: Incident Date: _____ Location: _____

COMU Position: _____ Incident Name: _____

Incident Commander Name: _____ Phone: _____

Agency

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Signature of Applicant: _____ Date: _____

I _____ authorize the individual names above as an active member of this agency and certify that he/she meets all outlined requirements for re-credentialing as a New York State COML and/or COMT, as specified.

Signature of Supervisor: _____ Date: _____

Title: _____ Telephone: _____

Submit Documents by E-mail or Mail to:
New York State Division of Homeland Security and Emergency Services (NYSDHSES)
Office of Interoperable & Emergency Communications (OIEC)
1220 Washington Avenue, Building 7A, Suite 102
Albany, NY 12242
dhses.oiec@dhses.ny.gov

For SWIC & OIEC Use:

Received By: _____ Date: _____