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.dhces.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)**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Date</th>
<th>Hours</th>
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<tr>
<td>Job Duties as it relates to communications systems (4 Hours Minimum)</td>
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<tr>
<td>Establish a communications system to meet incidents operational needs (4 Hours Minimum)</td>
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Appendix F
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-credentials 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
dhsesoiec@dhses.ny.gov

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For SWIC & OIEC Use:

Received By: __________________________ Date: ____________________

Appendix F