

**New York State  
Qualification Review Committee  
Administrative Plan for All-Hazards  
Incident Management Position Task Books**

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**Homeland Security  
and Emergency Services**



**Incident  
Management  
Team**

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## Background

The New York State Division of Homeland Security & Emergency Services (DHSES) has established an Incident Management Qualifications System for Incident Management Team personnel in New York State by adopting the Interstate Incident Management Qualifications System Guide (IIMQS) Guide as amended in October 2018 and developed by the All-Hazards Incident Management Teams Association (AHIMTA). Any subsequent IIMQS updates are automatically accepted with amendments as appropriate.

## Scope

This administrative plan addresses New York State's review of All-Hazard Incident Management Team (AHIMT) position task books, specifically describing Step 4 – Review and Evaluation of Qualification Documentation and Step 5 – Certification outlined in Section IV “The Qualification Process” found in the IIMQS Guide located in Appendix B. Individuals submitting NWCG or equivalent position task books will generally receive reciprocity for All Hazards qualification requirements in a specific ICS position. However, the State Qualifications Review Committee (SQRC) will perform a comparison between the NWCG task book and the All Hazards position task book and determine most of the tasks are similar enough to grant equivalent qualifications in an All Hazards ICS position in New York State.

Furthermore, it has been determined that States adopting the IIMQS meet or exceed the minimum standards established by the FEMA National Qualifications System (NQS).

The management and review of other task books outside of currently established incident management positions, such as EOC task books, is a separate process and is not under the present authority or purview of this document.

## Authority

The authority for this Task Book Review Plan is based on the adoption of the AHIMTA IIMQS by the New York State Division of Homeland Security & Emergency Services (DHSES). This authority is outlined under the power and duties listed in New York State Executive Law, Chapter 709, Section 2 (t): develop, maintain, and deploy state, regional, and local all-hazard incident management teams.

## Purpose

Per the IIMQS Guide, the State is required to review position task books for substantiating documentation leading to the certification of a NIMS ICS Qualification by the State's Certifying Official and/or their designee. The SQRC functions as recommended in the IIMQS Guide and the New York State Qualification Review Committee Administrative Plan for All-Hazards Incident Management Position Task Books.

This document was developed to clarify the requirements, processes, and forms to be used to obtain certification by New York State for an All-Hazards Position Task Book (AHPTB).

## **Guidelines for State Qualifications Review Committee (SQRC)**

New York State has implemented a peer review committee known as the SQRC. The purpose of this committee is to enhance the professional credibility of the position qualifications earned through the NIMS ICS Qualifications process and maintain the integrity of the qualifications system. The SQRC will be multi-agency, multi-disciplinary, and multi-jurisdictional in its composition.

### **Committee Membership, Organization, and Meetings**

The recommendation in the IIMQS is that the committee membership be made up of a broad cross-section of entities, individuals, and disciplines to ensure a balanced and representative structure on the committee. The committee will seek to use qualified incident management team personnel and other experts to provide depth and expertise. It is recommended the SQRC meet a minimum of twice a year.

### **Organizational Structure**

The SQRC will be comprised of reviewers from the DHSES IMT Program (Chair, only votes in the event of a tie), DHSES OEM Executive, DHSES OIEC, DHSES OFPC, NYSEMA, DEC Division of Forest Protection, The FDNY IMT, NYC Emergency Management and the NYS IMT. Representatives from other agencies and organizations may also be requested to participate, with subject matter expertise in incident management qualifications, position task books (PTBs), or other similar qualifications systems.

### **Committee Duties**

Proper records for any review or audit performed by the SQRC will be established and maintained by the DHSES IMT Section. The Committee will establish processes and internal controls that subject each application to a standardized level of review.

The SQRC is authorized by the State under the duties and responsibilities of DHSES to review and make, at any time deemed necessary, a determination whether an individual meets the requirements for qualification.

The SQRC must be able to review all documents that establish that the position trainee has completed the position qualification criteria delineated in the Incident Command Position Description Qualifications Table (ICPDQT). Such documents include course records, certificates, PTBs, resumes, experience documentation, and incident personnel performance ratings.

Within 10 business days from receipt of a PTB certification packet, the candidate will be notified by email that the submission has been logged for review by the SQRC. The certification and recertification submittal checklist will be used as a guide to determine that the minimum requirements have been met and to serve as a summary of the candidate's PTB review process.

## SQRC Meetings

SQRC meetings will be held at least twice each year, with targeted months of January and May. Meetings may be canceled if there is no workload. After each SQRC meeting, candidates will be notified within 10 business days of the disposition of their certification request which will be one of the following:

- **Approved** – signed by the certifying official with certification issued.
- **Pending** – additional information or clarification is needed. Applicants and/or the final evaluator must respond to the request within 30 days of the request for additional information.
- **Not approved** – with an explanation of deficiencies and additional actions needed.

## Appeals Process

Should a candidate disagree with the SQRC's decision regarding certification, the candidate may write a letter and provide relevant documentation supporting their position. Appeals must be submitted via email no later than 30 days after receipt of the SQRC's decision to: [IMTCERTS@dhses.ny.gov](mailto:IMTCERTS@dhses.ny.gov). Appeals should contain, at a minimum, a description of the reason/circumstances leading to the appeal, supporting documentation, and the desired outcome. All appeals decisions will be final.

## Position Task Book Submission Requirements

Individuals using task books initiated prior to January 1, 2017 that are still current will be accepted into the review process. All task books initiated after January 1, 2017 must be the AHIMTA position task books adopted by New York State. Current versions of the AHIMTA position task books can be found at: <http://www.ahimta.org/>

Specific information and details pertaining to the requirements for completion of All-Hazard position task books are contained in the IIMQS.

Prior to submitting a PTB, the applicant shall ensure all requirements, as stated in the "Incident Command Position Descriptions Qualification Tables" which can be found in Section XI of the IIMQS Guide, and the AHIMTA Position-specific task books are complete. PTBs without a final evaluator's verification signature will be returned.

Current IMT members shall submit their completed task book and required supporting documentation (i.e. Course certificates, deployment performance evaluations, etc.) to their IMT Training Officer or team designated point of contact for review and submission to the SQRC.

- Applicants must provide an electronic copy of their position task books

- Electronic copies shall be sent to: [IMTCERTS@dhses.ny.gov](mailto:IMTCERTS@dhses.ny.gov)
- The subject line of the email must read: PTB Submission–Applicant Name

## **Position Recertification**

If an individual fails to maintain currency, position recertification is required after 5 years. The requirements to recertify are summarized in IIMQS section V. Individuals are responsible for submitting their recertification packet for action.

## **Recognition of Prior Learning**

If a candidate does not have a task book for submission, and is seeking qualification, they shall follow the Recognition of Prior Learning (RPL) process as outlined in the IIMQS. For more information explaining the recognition of prior learning process, refer to Section VI of the IIMQS. Also see Attachment D under Appendix C of this document (Forms).

## **Determining Course Equivalencies**

The DHSES IMT Section will be responsible for determinations of course equivalency utilizing the guidance provided in the 2013 NIMS Training Program.

The 2013 NIMS Training Program provides course equivalency guidelines for the ICS core courses and position specific training.

*"...Stakeholders are responsible for ensuring that the course delivery meets or exceeds the standard of the NIMS Training Program. Complying with this expectation allows local organizations, departments, and agencies to manage and maintain the NIMS core curriculum course integrity as well as the core competencies among students of the same course nationwide. Stakeholders may fulfill their respective training program requirements by taking other agencies' equivalent training courses. The National Integration Center (NIC) does not determine or audit course equivalency. This is the responsibility of the individual organization offering the course. Stakeholders using other agencies' courses have a responsibility to audit or verify that these courses meet course equivalency guidelines.*

*Course instructors have a responsibility to deliver course materials and activities according to the minimum standards identified in the NIMS curriculum instructor guides and/or course summaries. Instructors are the*

*agents who enable, facilitate, and evaluate the learning process for emergency management. Adhering to the NIMS training program standard ensures instructional and course integrity across the Nation, regardless of the jurisdiction, agency, organization, or association." (NIMS Training Program, page 22)*

The 2013 NIMS Training Program, Appendix B (NIMS Core Curriculum Course Summaries), also addresses the use of equivalency training.

*"...This section provides summaries of National Incident Management System (NIMS) curriculum—including, ICS-100, ICS-200, ICS-300, ICS-400, IS-700, and IS-800—and All Hazards ICS position-specific coursework. NIMS training development guidance states that training may be offered through government agencies and/or private training vendors. It is not necessary to attend a Federally-sponsored NIMS course. However, to receive certification, all course content and instructor qualifications must meet or exceed the specific course objectives, activities (e.g. practical exercises), and depth of material described within this plan. Stakeholders that develop equivalent training are responsible for ensuring course equivalence by meeting the minimum requirements outlined in the course summaries." (NIMS Training Program page 29)*

Course equivalency shall not be determined by a vendor's advertising material or claims. A comprehensive course equivalency determination needs to be conducted to ensure that the courses meet the criteria indicated above. Some training courses may be determined to be equivalent to two or more separate courses. It is acceptable for training, including equivalent training, to be given in separate modules or units over a period of time.

# Appendices

## Appendix A: List of Acronyms

AHIMT:	All-Hazards Incident Management Team
AHIMTA:	All-Hazards Incident Management Teams Association
AHPTB:	All-Hazards Position Task Book
DEC:	Department of Environmental Conservation
DHSES:	Division of Homeland Security & Emergency Services
ICS:	Incident Command System
ICPDQT:	Incident Command Position Description Qualifications Table
IIMQS:	Interstate Incident Management Qualifications System
IMT:	Incident Management Team
NIMS:	National Incident Management System
NIC:	National Integration Center
OEM:	Office of Emergency Management
OFPC:	Office of Fire Prevention and Control
OIEC:	Office of Interoperable Emergency Communications
PTB:	Position Task Book
SME:	Subject Matter Expert
SQRC:	State Qualifications Review Committee
TNSP:	Training Specialist

## Appendix B: AHIMT IIMTQS

The current AHIMT IIMQS document can be found at: <https://www.ahimta.org/>

## Appendix C: Forms

Attachment A: Initial Task Book Certification Submittal Checklist

Attachment B: Task Book Recertification Submittal Checklist

Attachment C: New York State Position Task Book Certification Evaluation Matrix

Attachment D: Recognition of Prior Learning (RPL)



NEW YORK STATE ALL HAZARD INCIDENT MANAGEMENT SYSTEM
Initial Task Book Certification Submittal Checklist

Date Submitted: Candidate Name:
Position Applied for: Phone #:
Email:

1. Task Book Information:

- Task Book Assigned To completed
Task Book Initiated By completed
Location and Date Task Book was Initiated completed
Final Evaluator's Verification signed
All tasks signed off
All Evaluation Records fully completed

2. Copies of Required Certifications:

- Position specific training for the task book you are submitting
O305, or S-420 (Required for C&G Staff only)
IS-700
IS-800
ICS-200
ICS-100
ICS-300
ICS-400 (Required for C&G Staff only)
Haz-Mat Awareness Course
G-191 ICS / EOC Interface Course

3. Additional Documentation:

- Incident Action Plans; one for each incident you cite that shows your name and position
Incident Performance Evaluations, one per incident you cite
Time cards - CTR - OF-288's, minimum one per incident you cite
Incident / Exercise / Planned-Events Experience Summary to include kind, type, dates, complexity, and number of operational periods
Additional relevant training you have had

Submit materials as PDF files to: IMTCERTS@dhses.ny.gov with a subject line of "Initial Task Book Certification Submittal Checklist"



**NEW YORK STATE ALL HAZARD INCIDENT MANAGEMENT SYSTEM  
Task Book Re-Certification Submittal Checklist**

Date Submitted: \_\_\_\_\_ Candidate Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**1. Task Book Information:**

- Copy of your most recent PTB certification

**2. Additional Documentation:**

Only 1 qualifying incident (Type 3 or higher) in the previous 5-year period is required for renewal. Additional incidents and documentation may be required if more than 5 years have elapsed since the last application/renewal. Applicant must have at least 1 qualifying incident within any 5-year period, up to the date of this application submission.

- Incident Action Plans; one for each incident you cite that shows your name and position
- Incident Performance Evaluations, one per incident you cite
- Time cards – CTR - OF-288's, minimum one per incident you cite (*preferred, not mandatory*)
- Incident / Exercise / Planned-Events Experience Summary to include kind, type, dates, complexity, and number of operational periods

Submit materials as PDF files to: [IMTCERTS@dhses.ny.gov](mailto:IMTCERTS@dhses.ny.gov) with a subject line of "Task Book Re-Certification Submittal Checklist"

# New York State Position Task Book Certification Evaluation Matrix

<b>Applicant Name:</b>				<b>Task Book Position:</b>			
<b>Initiation Date:</b>				<b>Submission Date:</b>			
<b>Submission Requirements</b>	<b>Y</b>	<b>N</b>	<b>Evaluation Records</b>	<b>Record 1</b>	<b>Record 2</b>	<b>Record 3</b>	<b>Record 4</b>
			Incident Title				
<b>Cover Sheet Complete</b>			Incident Dates				
			Operational Periods (#)				
<b>Final Evaluator Verification</b>			Incident Complexity (1-5)				
Evaluator Certified in Position			<b>Type of Exercise:</b>				
Evaluator Signature and Date			Full Scale				
Contact Information Complete			Functional				
			Tabletop				
<b>Agency Recommendation</b>			IEMC				
Name same as PTB Initiator			<b>Type of Incident:</b>				
Contact Information Complete			Structural Fire				
			Wildfire				
<b>Pre-requisite Training</b>			Law Enforcement				
IS-700a (Cert Attached)			HAZMAT				
IS-800b (Cert Attached)			Flood				
ICS-100 (Cert Attached)			Search and Rescue				
ICS-200 (Cert Attached)			Severe Weather (specify)				
ICS-300 (Cert Attached)			Planned Event (specify)				
ICS-400 (Cert Attached)			Other (specify)				
Position Specific E/L/S Course(s) completed and Certificate(s) Attached			<b>Supporting Documents</b>				
			Resume / Narrative of Experience				
<b>Position Task Book</b>			Performance Evaluation				
All Tasks Complete			Incident Action Plan <i>or</i>				
Evaluation Records (#)			Signed ICS 201				
All Evaluation Records Signed and Dated			Signed ICS 203/207				
All Evaluators Certified in Position or Supervising Position			Signed ICS 204				
<b>For Official Use Only</b>							
<b>Completion Date:</b>							
<b>Reviewer's Name:</b>					<b>Date Reviewed:</b>		
<b>Certification Recommended:</b>				<b>YES</b>	<b>NO</b>		
<i>If NO, please state specific basis below</i>							
<b>Basis:</b>							

# 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.

<b>Printed Name and Title</b>	<b>Signature</b>	<b>Date</b>
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](mailto:IMTCERTS@dhSES.ny.gov) with a subject line of Recognition of Prior Learning