

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

**COMU Applicant**

Name: \_\_\_\_\_  
First Name
Middle Initial
Last Name

Rank and/or Working Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

COMU Position re-credentialing in:      COML      INCM      INTD      RADO      AUXCOMM      COMT      ITSL

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

**Continuing Education Requirements**

Credentialed COMU Personnel 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 in a New York State COMU Position, 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 (NYS DHSES)  
Office of Interoperable & Emergency Communications (OIEC)  
1220 Washington Avenue, Building 7A, Suite 102  
Albany, NY 12242  
[dhSES.oiec@dhSES.ny.gov](mailto:dhSES.oiec@dhSES.ny.gov)

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*For SWIC & OIEC Use:*

Received By: \_\_\_\_\_

Date: \_\_\_\_\_