



New York State Communications Unit (COMU) Program Position-Specific Credential Renewal Form (Appendix D)

Name: First Name M.I. Last Name

Form with fields for Rank & Working Title, Address Line 1, Address Line 2, City, State, Zip Code, Telephone #, and Email Address.

COMU Position Specific re-credentialing in (must choose one position per form):

- COML, COMT, AUXCOMM, INCM, INTD, ITSL, RADO

Note: Requirements for qualification are detailed in the New York State Communications Unit Position-Specific Credentialing Policy, available at Communications Unit (COMU) | Division of Homeland Security and Emergency Services (ny.gov)

Agency Information

Agency Name:

Agency Address:

City: State: Zip Code:

Telephone: E-mail:

Signature of Applicant: Date:

I authorize the individual named 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:



Continuing Education Requirements

Credentialed COMU Personnel are 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 with 3 columns: Categories, Date, Hours. Rows are grouped by category: Job Duties, Establish a communications system, Workshops and/or Seminars, Exercises, Communications/ICS related training programs, and Communications Presentations/Teaching.



Exercise-Incident Information

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

Note: Individuals must only use one COMU Position per exercise/incident per shift. If you fulfil multiple roles during an event or incident, please submit justification in comments.

Exercise 1:

Form for Exercise 1 with fields: Incident, Location, COMU Position, Incident Name, Incident Commander Name, Phone #, Shift date(s), Comments

Exercise 2:

Form for Exercise 2 with fields: Incident, Location, COMU Position, Incident Name, Incident Commander Name, Phone #, Shift date(s), Comments

Incident 1:

Form for Incident 1 with fields: Incident, Location, COMU Position, Incident Name, Incident Commander Name, Phone #, Shift date(s), Comments

Incident 2:

Form for Incident 2 with fields: Incident, Location, COMU Position, Incident Name, Incident Commander Name, Phone #, Shift date(s), Comments

Submit Documents by E-mail or Mail to:

New York State Division of Homeland Security and Emergency Services
Office of Interoperable & Emergency Communications
1220 Washington Avenue, Building 7A, Suite 102
Albany, NY 12242

OIEC.Training@dhSES.ny.gov