NEW YORK STATE | Homeland Security and Emergency Services
Office of Interoperable and Emergency Communications

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

COMU position being applied for (only one per form):

☐ COML ☐ INCM ☐ COMT ☐ INTD ☐ AUXC ☐ RADO

Applicant Information

Name: _____ _____ _____ Phone: _____
First M Last

Title & Rank: _____

Mailing Address: _____

E-mail: _____ City: _____ State: _____ Zip: _____

Note: Requirements for qualification are detailed in the New York State Communications Unit Position-Specific Credentialing Policy, available online at: https://www.dhses.ny.gov/communications-unit-comu

Agency Information

Agency Name: _____ Agency Phone: _____

Agency Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Applicant Signature: _____ 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.

Supervisor Signature: _____ Date: _____

Title _____ Telephone: _____

Continuing Education Requirements

Credentialed COMU Personnel are required to complete thirty-six (36) hours of Continuing Education Units (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)**

Please fill in the table on page 2 with the CEU's that have been completed.

Continuing Education Requirements

Categories	Position	Date	Hours
Job duties as it relates to communications systems (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)			

Exercise-Incident Information

(To be filled out in support for 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:

Exercise Name: _____ Location: _____
COMU Position: _____ Operational Period: _____
Shift Date(s): _____
Incident Commander Name: _____ Phone Number: _____

Comments: _____

Exercise 2:

Exercise Name: _____ Location: _____
COMU Position: _____ Operational Period: _____
Shift Date(s): _____
Incident Commander Name: _____ Phone Number: _____

Comments: _____

Incident 1:

Incident Name: _____ Location: _____
COMU Position: _____ Operational Period: _____
Shift Date(s): _____
Incident Commander Name: _____ Phone Number: _____

Comments: _____

Incident 2:

Incident Name: _____ Location: _____
COMU Position: _____ Operational Period: _____
Shift Date(s): _____
Incident Commander Name: Phone Number:

Comments:

Submit all documents by email to:
New York State Division of Homeland Security and Emergency Services
Office of Interoperable and Emergency Communications (OIEC)
OIEC.Training@dhses.ny.gov

For SWIC & OIEC Use Only **Received by:** _____ **Date Received:** _____