



# Recognition of Prior Learning Application



## 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 \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

MOU Completed:                      Yes                      No

## SECTION II: INCIDENT MANAGEMENT TEAM AFFILIATION:

Are you, or have you been qualified* in any specific Incident Management Team position?  * "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-IIMQS.	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 III: RELEVANT HISTORICAL EXPERIENCE AND DOCUMENTATION:**

In the space provided 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.

***REQUIRED DOCUMENTATION FOR EACH INCIDENT/EVENT LISTED MUST BE INCLUDED IN YOUR APPLICATION IN THE ORDER YOU LISTED BELOW.***

1. Name and Location of Incident or Event:	Specific Position Filled:	Dates of Participation: (both starting and ending)
Incident Type (Hazmat, Tornado, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position you Filled	Complexity of Incident/event (Type 4 - Type 1)
2. Name and Location of Incident or Event:	Specific Position Filled:	Dates of Participation (starting and ending):
Incident Type (Hazmat, Tornado, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position you Filled	Complexity of Incident/event (Type 4 - Type 1)
3. Name and Location of Incident or Event:	Specific Position Filled:	Dates of Participation: (both starting and ending)
Incident Type (Hazmat, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position you Filled	Complexity of Incident or event (Type 4 - Type 1)
4. Name and Location of Incident or Event:	Specific Position Filled:	Dates of Participation: (starting and ending)
Incident Type (Hazmat, Tornado, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position you Filled	Complexity of Incident/event: (Type 4 - Type 1)

**SECTION IV: RELEVANT TRAINING:**

Include copies of certificates for any relevant training courses you have taken with this application.

**SECTION V: RECOMMENDATIONS:**

List any personal references who may be contacted during the review process to help provide personal knowledge of your experience while serving within the Incident Command System during your career including, but not limited to, the following: emergent incidents; evaluated exercises (Functional or Full Scale) that follow HSEEP guidelines; and events in which you have performed in the specific position for which you are applying. Please attach letters, resumes, and any other related documentation to support this application. Ensure all information is true and correct.

<b>NAME AND TITLE</b>	<b>PHONE NUMBER</b>	<b>EMAIL</b>

**SECTION VI: 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</b>	<b>SIGNATURE</b>	<b>DATE</b>

**This application is to be returned with all required documentation to the NJ-AHIMT Training Specialist (TNSP) Lisa Werner.  
werner@co.somerset.nj.us  
908-240-9290**