



# Iowa CERT Support Committee Trainer Application

This revision shall supersede all previous versions of this document.

### Applicant Information

Last Name:		First Name:		Date:	
Address:			Sponsoring Agency:		
City:	State:	Contact Last Name:	Contact First Name:		
Zip:	Phone:	Sponsoring Agency Email:			
Email:		Willing to travel to teach at other locations within Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Trainer Requirements

Check Yes / No if you have completed the following training and the date. Include a copy of the class certificates and sponsor background check confirmation with this form.

Description	Completed	Date
CERT Basic Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CERT Basic Training Instructor Train the Trainer (EMI Provided Session)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CERT Program Management (EMI Provided Session)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IS-100 Introduction to Incident Command System	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IS-200 ICS for Single Resources and Initial Action Incidents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IS-700 An Introduction to the National Incident Management System	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IS-800 National Response Framework, An Introduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IS-315 CERT and the Incident Command System	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IS-317 Introduction to CERT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E/G 141 Instructional Presentation and Evaluation Skills or PER-266 Instructor Training Certification (Center for Domestic Preparedness) or MGT-323 Instructor Development Workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed and passed sponsors background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently member of a CERT team? <input type="checkbox"/> Yes <input type="checkbox"/> No	Team Name	
Currently an instructor for? (List)		

Instruction experience:

Operational experience:

**Applicant Signature**

I attest that all information provided is true and accurate to the best of my knowledge. Any false statement may be grounds for denial, suspension, revocation, or other disciplinary action taken against my acknowledgement.

Name:	Date:
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Submit completed form to: [contact@idhrc.org](mailto:contact@idhrc.org)

For Office Use								
All Certificates Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with Sponsor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Board Reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Added to Database?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Background Check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Approval and Revision History

Approved By	Rev	Description
CERT Committee 8-1-2022	-	Initial Release