

Appendix 4: Documentation of NIMS Position Qualification & Re-Certification Maintenance



DOCUMENTATION OF NIMS POSITION QUALIFICATION MAINTENANCE

Submit this form to the appropriate Program Manager for approval. Any questions concerning certification requirements should be directed to the NIMS Coordinator. NIMS Coordinators are listed at:

www.response.epa.gov/NIMSIntegrationTeam

1a. Name of Nominee:	1c. Email Address:
1b. Office Mailing Address:	1d. Desk Phone:
	1e. EPA Cell Phone:
<p>2. Qualification Maintenance is for the following KLP(s):</p> <ul style="list-style-type: none"> Incident Commander (IC) Liaison Officer (LNO) Public Information Officer (PIO) Safety Officer (SO) Operations Section Chief (OPS) Planning Section Chief (PSC) Logistics Section Chief (LSC) Finance Section Chief (FSC) Situation Unit Leader (SITL) Environmental Unit Leader (ENVL) Resource Unit Leader (RESL) 	
<p>3. Date of most recent KLP certification [* Required every 5 years after initial certification]</p>	
<p>4. Demonstrate that the nominee has performed proficiently in the KLP(s) selected above for the last five years. A written peer evaluation demonstrating the nominee’s proficiency in continuing to meet all core competencies and professional experience criteria for that KLP (see Appendix 1) from a colleague for a past incident response may also be included at the nominee’s discretion. Attach a separate page if needed.</p>	
<p>5. I understand and agree that I meet all the core competencies, minimum training, and professional experience requirements specific to the position(s) for which I am being nominated.</p> <p>Signature of Nominee Date</p>	
<p>6. I have reviewed and agree that the nominee above meets all the core competencies, minimum training, and professional experience requirements for the position(s) (in consultation with the signees below, as needed).</p> <p>Signature of Supervisor Date</p>	
<p>7. I have reviewed and agree that nominee above meets all the core competencies, minimum training, and professional experience requirements for the position(s).</p> <p>Signature of Removal Manager: Date:</p>	
<p>8. I have reviewed and agree to add nominee’s re-certification(s) into the Agency’s database.</p> <p>Signature of NIMS Coordinator Date</p>	