VERIFICATION OF ANNUAL REQUIREMENTS

Name: _____

Agency: _____

Date: _____

ADMINISTRATIVE REQUIREMENTS
☐ Current Driver's License **Expiration Date:** _____
☐ Current US&R ID Badge **Expiration Date:** _____
☐ Current Fit for Deployment Form (required annually) **Expiration Date:** _____
☐ Current Emergency Medical Certification (if required for position) **List Certification Level:** _____
GENERAL TRAINING REQUIREMENTS
☐ Respiratory Protection Refresher Training within the previous year
☐ Hazardous Materials Refresher Training within the previous year
☐ Current Cardiopulmonary Resuscitation (CPR) Certification (met by licensed EMT & above)
POSITION TRAINING REQUIREMENTS
☐ Position Specific Refresher Training or Task Force Training (Minimum 16 hours)
(Please list specific topics, dates and hours below)
Your signature verifies that documentation supporting these annual requirements is on file.

Verified By: _____

Print Name

_____ **Date:** _____

Signature