



Louisiana Incident Management Qualifications System Application for Recognition of Prior Learning



**Prior to completing this application, read the document
"Recognition of Prior Learning Application Instructions"**

SECTION 1: GENERAL INFORMATION

What Specific "All-Hazards" Position are you applying for? <i>(List only one position)</i>	
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Name: (Last, First, Middle)	
Email Address:	
Primary Phone Number:	
Secondary Phone Number:	
Mailing Address:	
City, State, Zip:	
Street Address:	
City, State, Zip:	

Current Employer?	
Current Position/Title?	

SECTION 2: INCIDENT MANAGEMENT TEAM AFFILIATION

Are you or have you been qualified in any Incident Management Team position?	Yes:		No:	
If yes, which position(s)?				
If yes, who issued the qualification and when?				

Are you currently affiliated with an established Incident Management Team?	Yes:		No:	
If yes, indicate the team name and location:				



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SECTION 3: RELEVANT EXPERIENCE

Part A:

1) Name and Location of Incident or Event:	Position Filled:	Dates of Participation (starting and ending):
Incident Kind (HazMat, Tornado, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position You Filled	Level of Complexity of Incident or Event (Type 4 to Type 1)
2) Name and Location of Incident or Event:	Position Filled:	Dates of Participation (starting and ending):
Incident Kind (HazMat, Tornado, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position You Filled	Level of Complexity of Incident or Event (Type 4 to Type 1)
3) Name and Location of Incident or Event:	Position Filled:	Dates of Participation (Starting and ending):
Incident Kind (HazMat, Tornado, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position You Filled	Level of Complexity of Incident or Event (Type 4 to Type 1)
4) Name and Location of Incident or Event:	Position Filled:	Dates of Participation (Starting and ending):
Incident Kind (HazMat, Tornado, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position You Filled	Level of Complexity of Incident or Event (Type 4 to Type 1)

You may duplicate this page if you need more sections

Part B: Attach the appropriate documentation (see instructions for Section 3, Part B).

Part C: Include resume detailing training and experience (see instructions for Section 3, Part C).

Part D: Include an experience narrative with the contact names (see instructions for Section 3, Part D).



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SECTION 4: RELEVANT TRAINING

Attach scanned PDF color copies (if submitting paper-based application, submit only color photocopies) of training certificates pertinent to the ICS position for which you are requesting Recognition of Prior Learning (RPL).

Attach other certificates if they assist in demonstrating your competency or knowledge, skills, and abilities in the position. Do not send general certificates unrelated to the position.

Required training certificates for all positions – must attach

- ICS-100: Introduction to Incident Command System
- ICS-200: Basic Incident Command System for Initial Response
- ICS-300: Intermediate ICS for Expanding Incidents
- ICS-700: Introduction to the National Incident Management System (NIMS)
- ICS-800: Introduction to the National Response Framework
- NFA 0337: Command and General Staff Functions for Local Incident Management Teams
OR
- USFA O-0305, USFA Type 3: All-Hazards Incident Management Team (AHIMT) Introduction
OR
- Other nationally recognized course as approved by the Credentialing & Qualifications Committee

Required training certificate for Command and General Staff positions – attach if applicable

- ICS-400: Advanced Incident Command System

Training certificates that may be submitted to support the position for which you are requesting recognition – attach if completed

Command and General Staff Position-Specific Training – attach if completed

- | | |
|---|---|
| <input type="checkbox"/> Incident Commander | <input type="checkbox"/> Finance/Administration Section Chief |
| <input type="checkbox"/> Liaison Officer | <input type="checkbox"/> Logistics Section Chief |
| <input type="checkbox"/> Safety Officer | <input type="checkbox"/> Operations Section Chief |
| <input type="checkbox"/> Public Information Officer | <input type="checkbox"/> Planning Section Chief |

Unit Leader and Other ICS Supervisor Position-Specific Training – attach if completed

- | | |
|---|---|
| <input type="checkbox"/> Communications Unit Leader | <input type="checkbox"/> Finance/Administration Unit Leader |
| <input type="checkbox"/> Division Group Supervisor | <input type="checkbox"/> Resources Unit Leader |
| <input type="checkbox"/> Facilities Unit Leader | <input type="checkbox"/> Situation Unit Leader |
| <input type="checkbox"/> Supply Unit Leader | <input type="checkbox"/> Strike Team / Task Force Leader |
| <input type="checkbox"/> GIS / Tech Specialist | <input type="checkbox"/> Specify: |



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SECTION 5: RECOMMENDATIONS

Name and Title:	Phone Number:	Email:
Reference relates to:		
Reference relates to:		
Reference relates to:		
Reference relates to:		



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SECTION 6: REQUIRED SIGNATURES

Applicant

By signing below in the applicant section, I hereby certify that the information recorded on this application is true and correct.

PRINTED NAME AND TITLE	DATE	SIGNATURE
Applicant: <i>(Required)</i>		

Review and Support

I have reviewed the application and support the applicant's request to be recognized for prior learning in the position indicated.

PRINTED NAME AND TITLE	DATE	SIGNATURE
Direct Supervisor: <i>(Required)</i>		
Agency Head: <i>(Required)</i>		
Incident Commander: <i>(If applicable)</i>		



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INSTRUCTIONS FOR SUBMISSION

- Direct any application-related questions to:
 - GOHSEP-AHIMT@LA.GOV
- Providing false or inaccurate information will result in rejection of this application and future applications may not be considered.
- Prior to submitting, double-check the instructions to ensure the application is complete and filled out correctly.
 - All appropriate information provided for Sections 1 and 2
 - Experience listed meets criteria for Section 3, Part A
 - Appropriate documentation of experiences for Section 3, Part B
 - Resume detailing training and experience for Section 3, Part C
 - Experience narrative explaining experience for Section 3, Part D
 - Training documentation in correct order for Section 4
 - References provided for Section 5
 - Required signatures obtained for Section 6
- Prior to submitting your application, ensure that all of your required and recommended training certificates are included.
- Save all applications and supporting documentation as one PDF. Compile application in this order:
 - The entire application (all sections in order)
 - Section III documentation of the relevant experience (in the order specified)
 - Section IV training certificates (in the order specified)
- If submitted electronically, your file MUST comply with the following naming convention:
 - Lastname_Firstname_Position.pdf (Smith_John_OSC.pdf)

Position Acronyms:

Incident Commander: IC	Division/Group Supervisor: DIVS
Public Information Officer: PIO	Resources Unit Leader: RESL
Safety Officer: SOFR	Situation Unit Leader: SITL
Liaison Officer: LOFR	Supply Unit Leader: SPUL
Operations Section Chief: OSC	Facilities Unit Leader: FACL
Planning Section Chief: PSC	Communications Unit Leader: COML
Logistics Section Chief: LSC	Finance/Admin Unit Leader: FAUL
Finance/Admin Section Chief: FSC	GIS/Technical Specialist: THSP
Other (Enter Position and Acronym):	Task Force / Strike Team Leader: TFL

- Submit your email (electronic) application to: GOHSEP-AHIMT@LA.GOV