



RECOGNITION OF PRIOR LEARNING APPLICATION

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.				

SECTION 3: RELEVANT EXPERIENCE

PART A:

1) Name and location of incident or event:	Position filled:	Dates of participation (Starting and ending dates):
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 dates):
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 dates):
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 dates):
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).

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. You must attach these documents.

- 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

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.

- NFA 0337: Command and General Staff Functions for Local Incident Management Teams
- USFA O-0305, USFA Type 3: All-Hazards Incident Management Team (AHIMT) Introduction

Command staff position-specific training. Attach if completed.

- Incident Commander
- Liaison Officer
- Safety Officer
- Public Information Officer

General staff position-specific training. Attach if completed.

- Finance/Administration Section Chief
- Logistics Section Chief
- Operations Section Chief
- 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"/> Specify: | <input type="checkbox"/> Specify: |

SECTION 5: RECOMMENDATIONS

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

Reference relates to:		

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>		

INSTRUCTIONS FOR SUBMISSION

- Direct any application-related questions to:
 - Eric Funkhouser at efunkhouser@dhs.in.gov
- Providing false or inaccurate information may 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 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: SOF	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	Division/Group Supervisor: DIVS
Other: Enter Acronym and position:	

- Submit your electronic application via email to:** efunkhouser@dhs.in.gov