



STATE OF ARIZONA
 Department of Homeland Security
 In collaboration with
 Division of Emergency Management

1700 W. Washington, Suite 210
 PHOENIX, ARIZONA 85007

CERT Program Manager Checklist

THIS CHECKLIST MUST ACCOMPANY EACH COMPLETED APPLICATION
 (Partial applications will not be accepted.)

Fax or Email Completed Application Packets & Supporting Documentation to Cheryl Bowen Kennedy

Fax: (602) 542-1729 or cbowen@azdohs.gov Phone: (602) 542-7077

Application Form (with all required signatures)

Evidence of Completion of Required Courses

(The **ONLY** acceptable evidence is copy of certificate or letter/email from FEMA/EMI indicating successful completion.)

G317 Basic 20-hr Community Emergency Response Team Training

Evidence of Completion for Recommended Courses

IS317 Introduction to Community Emergency Response Teams

IS909 Community Preparedness-Implementing Simple Activities for Everyone

My application is complete, and I have attached the required documents, certificates, etc.

 Printed name of applicant

 Signature of applicant & Date

For AZDOHS ONLY:

 Application Complete/Date

 Application Approved/Denied & Date



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COMMUNITY EMERGENCY RESPONSE TEAM (CERT)/PROGRAM MANAGER
CERT PROGRAM MANAGER COURSE APPLICATION
 (PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION)

APPLICANT			
Name: _____		EIN: _____	
Phone #: (Work) _____	(Cell) _____	E-mail: _____	
CERT Class Applying for: _____			
	Date	Location	
YES/NO			
<input type="checkbox"/>	<input type="checkbox"/>	Have you met the basic course prerequisite requirements? (See event bulletin)	
Signature: _____		Date: _____	
REFERRING CERT-SPONSORING AGENCY			
Organization: _____		Phone: _____	
Address: _____			
	Street	City	Zip
Approver: _____			
	Print Name	Title	
Signature: _____		Date: _____	