

State of Tennessee

Request for Change of Credentialing Status (RCCS) Form

Instructions: Check the box indicating the purpose, then complete the indicated sections.

- A) Request for New Position Qualification/Certification:** Complete Sections 1, 2, 7, 8, 9
- B) Documentation of Currency:** Complete Sections 1, 3, 7, 8, 9
- C) Request to Withdraw Certification:** Complete Sections 1, 4, 7, 8, 9
- D) Request for Recertification:** Complete Sections 1, 5, 7, 8, 9 (if due to currency lapse, also complete Section 3)
- E) Documentation of Loss of Certification. Committee use only.** Complete Sections 1, 6

Identifying Information – Section 1

PERSONAL INFORMATION	
Last Name, First Name, MI:	Date Form Submitted:
Email:	Primary Phone Contact (include area code):
Alt email – optional:	Alt Phone Contact – optional (include area code) :
Employer:	Job Title/Rank:
Work Address:	Personal Mailing Address:
City/State/Zip:	Personal Mailing City/State/Zip:

<p>If box A (new position) is checked, select the <u>desired</u> position you are requesting.</p> <p>If box B, C, D, or E is checked, enter the <u>existing</u> position this request applies to.</p>			
Incident Commander	Safety Officer	Liaison Officer	
Planning Section Chief	Public Information Officer	Operations Section Chief	
Resources Unit Leader	Logistics Section Chief	Finance/Administration Section Chief	
Staging Area Manager	Situation Unit Leader	Division/Group Supervisor	
Facilities Unit Leader	Strike Team/Task Force Leader	Communications Unit Leader	
Other (indicate below)	Supply Unit Leader	Finance/Administration Unit Leader	

Request for New Position – Section 2

- Attach Documentation of NIMS Core training (ICS-100, ICS-200, ICS-300, IS-700, IS-800)
- Sign Section 7
- Obtain signature of employing or sponsoring supervisor in Section 8
- Complete Section 9 by emailing to Training, Education, and Membership Committee (TEMC) at:
TN-AHIMT-TEM@listserv.tn.gov.

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Documentation of Currency – Section 3

Attach the following documentation to demonstrate currency in the position indicated in Section 1.

- Incident Action Plan(s) with person's name on the appropriate forms (ICS-202, ICS-203, ICS-204, etc.)
 - Incident, event, or exercise performance evaluations (such as an ICS-225, Incident Personnel Performance Rating, or equivalent) from qualified Evaluators or supervisors
 - Narrative of experience within the past five (5) years. Include supporting information about:
 - Number of deployments/assignments
 - Number of operational periods for each assignment/deployment
 - Variety of incidents
 - The complexity level (type) of the incidents, planned events, or exercises during which the individual performed
 - Sign Section 7
 - Obtain signature of employing or sponsoring supervisor in Section 8
 - Complete Section 9
-

Withdrawal of Certification – Section 4

By completing this section you are voluntarily withdrawing your certification for the position indicated in Section 1. Withdrawing certification does not suspend the currency requirements of that position.

- Indicate length of time of withdrawal below:
 - Until further notified
 - Permanently
 - Sign Section 7
 - Obtain signature of employing or sponsoring supervisor in Section 8
 - Complete Section 9
-

Recertification/Reinstatement after Loss of Certification – Section 5

By completing this section you are requesting the CQC to make a determination of the requirements to be recertified or to have the certification reinstated.

Loss of certification was: Voluntary request to withdraw certification; Loss of currency; Other—explain here: _____

- If due to loss of currency, attach proof of position performance assignment by completing Section 3
- If requesting recertification after voluntary withdrawal, confirm position currency has not lapsed
- Sign Section 7
- Obtain signature of employing or sponsoring supervisor in Section 8
- Complete Section 9

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Loss of Certification – Section 6 (Committee use only)

- Check if loss is due only to currency interval being exceeded for the position identified in Section 1
- TEMC, CQC, GC, RCC: Attach request and any documentation; add comments on pages 3 and 4
- Forward to appropriate committees for action

Applicant Signature – Section 7

APPLICANT			
By signing below, you hereby certify that the information recorded on this form is true and correct.			
Print Name		Date	
Signature			

Supervisor Approval – Section 8

SUPERVISOR APPROVAL			
Employer Name		Date	
Supervisor Signature		Supervisor Title	

Routing – Section 9

- If requesting a new position (box A is checked in Section 1), email completed and signed form and scanned documentation (PDF files, not pictures) to the Training, Education, and Membership Committee (TEMC) at: TN-AHIMT-TEM@listserv.tn.gov.
- For all other requests, email completed and signed form and scanned documentation (PDF files, not pictures) to the Credentialing and Qualifications Committee at: TN-AHIMT-CQC@listserv.tn.gov.

For Committees' Use Only

CQC Use:

Date of Decision: _____

- | | |
|---|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| <input type="checkbox"/> Loss of position currency | <input type="checkbox"/> Position certification reinstated without additional requirements |
| <input type="checkbox"/> Trainee status for that position | <input type="checkbox"/> TEMC to issue a new Position Task Book (PTB) to complete |
| <input type="checkbox"/> Complete further training | <input type="checkbox"/> Requisite experience through performance assignment method (see comments) |

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CQC Comments: _____

TEMC Use:

Date of Decision: _____

- | | |
|---|---|
| <input type="checkbox"/> Request Approved | <input type="checkbox"/> Request Not Approved |
| <input type="checkbox"/> Initiate trainee status | <input type="checkbox"/> Schedule for position training |
| <input type="checkbox"/> Schedule for O-305 training course | <input type="checkbox"/> Issued new PTB to complete _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Other (explain in comments) |

TEMC Comments: _____

GC Use:

Date of Decision: _____

- | | |
|--|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| <input type="checkbox"/> Return to CQC (explain below) | <input type="checkbox"/> Return to TEMC (explain below) |
| <input type="checkbox"/> Return to Applicant (explain below) | <input type="checkbox"/> Other (explain below) |

GC Comments: _____

Further Explanation and Comment (Identify committee/name):
