Tennessee All-Hazards Incident Management Team (AHIMT) Program 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? *(List only one position)*	

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).

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

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 Training-specific – attach if completed

☐ Communications Unit Leader   ☐ Finance/Administration Unit Leader
☐ Division Group Supervisor   ☐ Resources Unit Leader
☐ Facilities Unit Leader   ☐ Situation Unit Leader
☐ Supply Unit Leader   ☐ Strike Team Task Force Leader
☐ Specify: ☐ Specify:

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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:

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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: *(Required)*		

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: *(Required)*		
Agency Head: *(Required)*		
Incident Commander: *(If applicable)*		

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INSTRUCTIONS FOR SUBMISSION

☐ Direct any application-related questions to:
- Jim Bean, CQC Chair -jim.Bean@sullivancountytn.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
   ☐ 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 3 documentation of the relevant experience (in the order specified)
   ☐ Section 4 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 email (electronic) application to:**
   glampkin@knoxvilletn.gov and copy ryan.thompson@tn.gov