

### Appendix 3: Nomination for Qualification Documentation & Certification of NIMS Position Form



## NOMINATION FOR QUALIFICATION & CERTIFICATION OF NIMS DUTIES

Submit this form to the appropriate Program Manager for approval. Any questions concerning certification requirements should be directed to the NIMS Coordinator. NIMS Coordinators are listed at:

[www.response.epa.gov/NIMSIntegrationTeam](http://www.response.epa.gov/NIMSIntegrationTeam)

1a. Name of Nominee:	1c. Email address:
1b. Office Mailing Address:	1d. Desk Phone:
	1e. EPA Cell:
2. The nomination is for the following KLP(s):  Incident Commander (IC) Liaison Officer (LNO) Public Information Officer (PIO) Safety Officer (SO) Operations Section Chief (OPS) Planning Section Chief (PSC) Logistics Section Chief (LSC) Finance Section Chief (FSC) Situation Unit Leader (SITL) Environmental Unit Leader (ENVL) Resource Unit Leader (RESL)	3. Training Completion Dates:  ICS 100/200  IS 700/800  ICS 300/400  KLP course  Incident/Exercise/Event*
4. Demonstrate nominee's proficiency in the KLP(s) selected above by meeting the core competencies, minimum training and professional experience requirements in the position(s) (see Appendix 1). A written peer evaluation from a colleague demonstrating the nominee's proficiency in all core competencies and professional experience criteria for that KLP from a past incident response may also be included at the nominee's discretion. Attach a separate page if needed.	
5. I understand and agree that I meet all the core competencies, minimum training, and professional experience requirements specific to the position(s) for which I am being nominated. Signature of Nominee: _____ Date: _____	
6. I have reviewed and agree that the nominee above meets all the core competencies, minimum training, and professional experience requirements for the position(s) (in consultation with the signees below, as needed). Signature of Supervisor: _____ Date: _____	
7. I have reviewed and agree that nominee above meets all the core competencies, minimum training, and professional experience requirements for the position(s). Signature of Removal Manager: _____ Date: _____	
8. I have reviewed and agree to add nominee's certification into the Agency's database.  Signature of NIMS Coordinator: _____ Date: _____	