ICS
COMPLETION FORM
(Please Print/Fill Out/Sign/Return)

Name: _____ Employee ID # _____

Job title: _____

Department: _____

I acknowledge that I fully participated in the following trainings in their entirety & received all of the backup documentation & policies for the designated course(s):

Completed	Date	Course Title
☐	_____	G606: Standard Emergency Management System
☐	_____	IS 100: Introduction to Incident Command System
☐	_____	IS 200: Basic Incident Command System for Initial Response)
☐	_____	IS 700: National Incident Management System (NIMS)
☐	_____	IS 800: National Response Framework, An Introduction

- ❖ IS-300 – Managers & Supervisors Only (contact OES for more information)
- ❖ IS-400 - Managers & Supervisors Only (contact OES for more information)

All San Joaquin County employees are Disaster Service Workers (DSW). Employees may be activated to support the Office of Emergency Services in the event of a disaster. As part of this preparation, all employees are required to participate in a series of mandated courses designed to train employees on appropriate processes and protocols.

I acknowledge that it is my responsibility to agree and adhere to the principles and guidelines in the training and in these policies.

Employee Signature: _____ **Date:** _____

Note:
The information on this form will be used to accurately identify employees who have received training. This form will be filed in the employee's PeopleSoft training records for the purpose of identifying which employees have been trained.

Once you have completed all of the courses in this series, please return your completed form AND certificates to sjcengage@sjgov.org in order to receive credit for your trainings and to be placed on the list for your program completion certificate.