



Oklahoma Qualification System for ICS Positions

Recertification Application Submission Instructions

Recertification Requirements

Certification is not permanent. To ensure individuals continue to be capable of performing in the position they are certified in, they must maintain currency and recertify every five years. The five-year timeframe begins on the date the State Qualification Review Board certifies the individual as qualified in an ICS position. Since the date of the last certification, the certified individual must perform in their ICS position (or a position that maintains that position's currency) on at least one qualified incident, event, or exercise within five years.

To submit an ICS Position Recertification Application please follow the below steps:

Step 1 - Application

Complete the ICS Position Recertification Application. Ensure the application is complete and all requested information is provided.

Step 2 – Supporting Documentation

Gather supporting documentation and compile your Recertification Application packet. **Please do not include any extraneous documentation**; it creates confusion and slows the process down. Additional documentation will be requested, if needed.

Step 3 - Review

Have someone review your Recertification Application and supporting documentation to make sure you have not overlooked anything, and it is a complete packet. Some recommended reviewers could be:

- Your supervisor or boss
- If you are a member of an IMAT or IMT have your team coordinator or team program manager review it
- Another individual qualified, certified, and credentialed in your ICS position
- Another individual qualified, certified, and credentialed in any ICS position

Step 4 – Create PDF

Create a single PDF document that contains the Recertification Application and all supporting documentation. **Please make sure all pages are right side up and oriented in the same direction.**

When naming your document please use the following naming convention:

Applicant's Last Name_Applicant's First Name_ICS Position Title

Example: Barnes_Frank_PlanningSectionChief

Step 5 – Submit

Submit your completed recertification packet via email to frank.barnes@okohts.ok.gov . OKOHS staff will respond that your application has been received. Your recertification packet will be reviewed at the next meeting of the Qualification Review Board (QRB).



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Recertification Application

Complete all six sections of the ICS Position Recertification Application. Ensure the application is complete and all requested information is accurate. Please print legibly or type in the requested information.

Section I: Applicant Contact Information

ICS Position Seeking Recertification	
Applicant Name	
Sponsor Agency, Organization, or Employer	
Mobile Phone Number	
Email Address	
Mailing Address	
City, State, Zip	

Section II: Team Affiliation (IMAT or IMT)

Current IMAT/IMT Affiliation (If Applicable)	
Team Coordinator(s) or Team Program Manager's Name (If Applicable)	
If not on a team, then applicant's immediate supervisor's name & mobile phone number	



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Section III: Training

List any NIMS ICS, AHIMT, or All-Hazards Position Specific Courses completed since last qualification/certification or required for recertification. If more space is needed, then attach additional sheets.

Date Completed	Course/Class Title	Location

Check here if additional sheet(s) are attached.

Section IV: Record of Qualifying Incidents, Events, or Exercises (Only one is required)

List qualifying incidents, events, or exercises since last qualification/certification at which you performed in your qualified/certified ICS position or an ICS position that maintains currency for your qualified/certified ICS position. If more space is needed, then use and attach additional sheets.

Name and Location – Incident, Event, or Exercise	Kind	Type	Position	Dates Engaged

Check here if addition sheet(s) are attached.

KIND: Enter whether it was a Full-Scale Exercise, Functional Exercise, Incident, Planned Event, or Job Duties (performed as part of day-to-day job duties).

Type: Enter the type of incident or planned event based on FEMA NIMS: Incident Complexity Guide (2021) – Type 1, Type 2, Type 3, Type 4, or Type.

Position: Enter the appropriate mnemonic or abbreviation for the ICS position you performed during the incident, event, or exercise.



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Section V: Application and Supporting Documentation Checklist

Application

- Application (This document)

Incident, Event, or Exercise Evaluations and Record

- ICS-225 for each qualifying incident, planned event or exercise. **All sections** must be complete and signed.
- In lieu of an ICS-225, submit copies of one or more of the following showing their assignment or ICS position on a qualifying incident, event, or exercise:
- ICS 203 Organization Assignment Lists from the Incident Action Plan
 - ICS 201 Incident Briefing Forms
 - Completed Incident Action Plans
 - Activity Logs (FEMA ICS-214)
- If maintaining currency by performing their certified ICS position in the individual's regular agency/organization position, then submit copies of the following three documents:
- Official job description including responsibilities/duties.
 - Work performance evaluations
 - Letter from agency/department head stating the timeframe they performed in that position.
- For individuals meeting the requirements found in the Portability of Qualifications Section (Basic Guidelines, Page 18) and who did not maintain currency in the ICS position they were qualified and certified, then submit copies of the following documents:
- Training certificates for current training requirements for the position they were qualified.
 - Training certificate for successful completion of the O-305 Type 3 All Hazards Incident Management Team Introduction course

Section VI: Applicant Signature

I verify that my application and supporting documents are true, accurate, and complete. They meet the Position Qualification Requirements as stated in the Oklahoma Qualification System for ICS Positions.

APPLICANT SIGNATURE DATE

DATE