



DIVISION OF EMERGENCY MANAGEMENT

RICK SCOTT
Governor

BRYAN W. KOON
Director

Florida All-Hazards Type 3 Incident Management System

Position Application Process

Dear Applicant:

Thank you for your interest in being involved in Florida's All-Hazards Type 3 Incident Management program. Currently, the State of Florida is implementing the first phase in establishing a roster of qualified personnel. This is the historical recognition phase which only lasts until November of 2016. Following the historical recognition phase personnel who want to apply will need a completed position specific task book in order to qualify.

Attached is the application and specific instructions for completion. Once your application has been submitted, it will be reviewed by the Florida Division of Emergency Management (FDEM) Operations and Training sections to ensure that all information and training is valid. Final review and approval of your application will be made by the All-Hazards Incident Management Steering and Oversight Committees and the FDEM Director. Providing false or inaccurate information may result in rejection of this application, and future applications may not be considered.

Before you are eligible to submit your application, you must first upload all of the required training certificates to the Florida State SERT TRAC system by accessing <http://trac.floridadisaster.org/trac/loginform.aspx> and verifying that the certifications have been approved in the system. Next, you must register as a user in the AHIMT SharePoint Portal at <https://portal.floridadisaster.org>. (The System Administrator will provide you with approval to access the site once you submit your request to be a user).

After all of your training certificates are uploaded and approved in the SERT TRAC system, print your transcript to include in your application packet. This transcript must be included with your application and will be used to verify that you have met the training criteria set by the State of Florida. This criterion is used by the Steering and Oversight Committees to determine your eligibility for historical recognition, and the subsequent approval by the Director.

Next, collect all of the relevant documentation that you will need to support your application packet. Detailed instructions are provided below that outline the specific information you will need to submit with your application, based on the specific position for which you will be applying.

If you intend to apply for several different positions, you will need to complete an application for each position and ensure that only the information that pertains to that position is in the submitted packet.

The final step in the application process will be to submit your application on the State's SharePoint Portal at <https://portal.floridadisaster.org>. Instructions for access to the SharePoint site are attached to this document and located in the Qualifying Application Submission Library in the SharePoint site.



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If you have any questions during the application process, or need assistance in completing the application, please contact your Steering Committee Regional Contact:

Region 1 & 2: John Dosh
JSDOSH@co.escambia.fl.us

Region 1 & 2: Brad Baker
BradB@santarosa.fl.gov

Region 3: Kevin Guthrie
Kguthrie@flaglercounty.org

Region 3: Billy Estep
Bestep@nassauso.com

Region 4: Paul Womble
Paulwomble@polkfl.com

Region 4: Preston Cook
CookPr@hillsboroughcounty.org

Region 5: Richard Halquist
Rhal4@osceola.org

Region 5: William Litton
William.Litton@orlandohealth.com

Region 6: Dan Anderson
Dananderson@fdle.state.fl.us

Region 6: Scott Canaday
Scanaday@hceoc.org

Region 7: Nigel Baker
Nbaker@pbcgov.org

Region 7: Keith Carson
KeithCarson@miamibeachfl.gov

Health: John DeIorio
John.DeIorio@flhealth.gov

Thank you for your interest in our program and for submitting your application. We look forward to working with you in the future.

Sincerely,

A handwritten signature in blue ink that reads "Ashley Davis".

Ashley Davis, Chair
Florida All-Hazards Type 3 Incident Management Qualifications Program
Florida Department of Emergency Management, Response Bureau
Chief of Operations
Ashley.Davis@em.myflorida.com

Attachments:

- 1) Florida All-Hazards Type 3 Incident Management Position Application
- 2) Instructions for Completing Application
- 3) Instructions for Uploading Application Into SharePoint Portal
- 4) SharePoint Portal Guide for Applicants (Link provided)
- 5) Type 3 All-Hazards Incident Management System Qualification Guide (Link provided)



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ATTACHMENT 1: **ALL-HAZARDS TYPE 3 INCIDENT MANAGEMENT SYSTEM** **POSITION QUALIFICATION APPLICATION**

APPLICATION SECTION I: CONTACT INFORMATION

Position Applying for:	
Name: (Last, First, Middle Initial)	
Contact Email Address:	
SERT TRAC Email Address:	
Primary Phone Number:	
Secondary Phone Number:	
Mailing Address: (Street Address)	
Mailing Address #2: (Building, Suite)	
City, State, Zip	
Current Employer:	
Current position and/or title:	
<u>What FL DEM Region do you represent? (Region 1-7)</u>	

APPLICATION SECTION II: **INCIDENT MANAGEMENT TEAM AFFILIATION**

Are you, or have you been qualified* in any specific Incident Management Team position? <i>*"Qualified" specifically means a recognized position-specific qualification from an established organization such as, NWCG, AHIMTA, or another State with an active Qualifying program.</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which position(s)?		
What organization issued the qualification and when? (Month/Year)		
Are you currently affiliated with an established Incident Management Team?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate the team name and location:		



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APPLICATION SECTION III: **RELEVANT HISTORICAL EXPERIENCE AND DOCUMENTATION**

Below indicate your participation in any of the following: multi-operational period incidents; evaluated exercises (Functional or Full Scale) that follow HSEEP guidelines; and/or any planned events where you were assigned the specific All-Hazards position for which you are applying. You must include at minimum one actual, unplanned, emergent, multi-operational incident occurring within the last ten (10) years.

REQUIRED DOCUMENTATION FOR EACH INCIDENT/EVENT LISTED MUST BE INCLUDED IN YOUR APPLICATION IN THE ORDER YOU LISTED BELOW.

Name and Location of Incident or Event:	Specific Position Filled:	Dates of Participation (both starting and ending)
Incident Type (Hazmat, Tornado, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position you Filled	Level of Complexity of Incident or event (Type 4 - Type 1)

Name and Location of Incident or Event:	Specific Position Filled:	Dates of Participation (both starting and ending)
Incident Type (Hazmat, Tornado, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position you Filled	Level of Complexity of Incident or event (Type 4 - Type 1)

Name and Location of Incident or Event:	Specific Position Filled:	Dates of Participation (both starting and ending)
Incident Type (Hazmat, Tornado, Hurricane, Wildfire, etc.)	Number and Type of Resources Pertinent to Position you Filled	Level of Complexity of Incident or event (Type 4 - Type 1)

NOTE: Make additional copies of this page as needed.



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APPLICATION SECTION IV: RECOMMENDATIONS

List any personal references who may be contacted during the review process to help provide personal knowledge of your experience while serving within the Incident Command System during your career including, but not limited to, the following: emergent incidents; evaluated exercises (Functional or Full Scale) that follow HSEEP guidelines; and events in which you have performed in the specific position for which you are applying. Please attach letters, resumes, and any other related documentation to support this application. Ensure all information is true and correct.

NAME AND TITLE	PHONE NUMBER	EMAIL

APPLICATION SECTION V: REQUIRED SIGNATURES

I hereby CERTIFY that the information recorded on this application is true and correct. I agree that I have reviewed, and will comply with, all State of Florida Requirements as identified by the Type 3 All-Hazards Incident Management System Qualifying Guide.

Printed Name

Signature

Direct Supervisor:		
Agency Head: (Recommended)		
Incident Commander: (If applicable)		
Applicant:		



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ATTACHMENT 2: INSTRUCTIONS FOR COMPLETING APPLICATION

SECTION I: CONTACT INFORMATION

Position Applying for: Each position requires a separate application. Use the following naming convention for the position:

Incident Commander: **IC**

Public Information Officer: **PIO**

Safety Officer: **SOFR**

Liaison Officer: **LOFR**

Operations Section Chief: **OSC**

Planning Section Chief: **PSC**

Logistics Section Chief: **LSC**

Finance/Admin Section Chief: **FSC**

Division/Group Supervisor: **DIVS**

Resource Unit Leader: **RESL**

Situation Unit Leader: **SITL**

Supply Unit Leader: **SPUL**

Facilities Unit Leader: **FACL**

Communications Unit Leader: **COML**

Finance/Admin Unit Leader: **FADL**

Name: Please use naming convention - last, first, middle initial/name.

Contact email address: Preferred email for contact.

SERT TRAC email address: Email address used to sign into SERT TRAC.

Primary phone number: Preferred contact phone number including area code—if there are questions regarding your application during review.

Secondary phone number: Alternative contact phone number including area code.

Mailing Address: Include street address, building, suite, post office box, city, state, and zip code, as applicable.

Current Employer: Employing agency or volunteer agency.

Position/Title: Currently held position/designation.

What FL DEM Region do you represent? (Region 1-7) When completing the application and the SharePoint information please indicate the Region Number. The information you enter builds our application database. Use this link to confirm your region: www.floridadisaster.org/regions/.

SECTION II: INCIDENT MANAGEMENT TEAM AFFILIATION

Are you or have you been qualified* in any specific Incident Management Team position? Yes/No

**"Qualified" specifically means a recognized position-specific qualification from an established organization such as; NWCG; AHIMTA, or another State with an active Qualifying program.*

If yes, which position or positions were you qualified? Please specify.

What organization issued the qualification and when? Include Month/Year.

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 III: RELEVANT HISTORICAL EXPERIENCE AND DOCUMENTATION

A. RELEVANT HISTORICAL EXPERIENCE

List in this section your participation in any of the following: multi-operational period incidents; Homeland Security Exercise and Evaluation Program (HSEEP) "Functional" or "Full-Scale" exercises; and/or any planned events which you were assigned the specific All-Hazards position for which you are applying. You **must** include **at minimum one (1)** actual, unplanned, emergent, multi-operational incident occurring within the **last ten (10) years**.

All incidents, exercises, or events you wish to use as documentation in Section III: Relevant Historical Experience and Documentation must have the complete information listed. Failure to list relevant experience or provide adequate documentation for the position for which you are applying will result in the incident, event, or exercise **NOT** being considered as part of your historical recognition.

Each applicant must submit:

- At least two (2) different evaluation experiences, each spanning or lasting at least two (2) operational periods and for which you served a minimum of two operational periods; and
- At least one (1) evaluation experience must be an actual incident, not an event or exercise.

B. RELEVANT HISTORICAL DOCUMENTATION

Along with the application, include appropriate documentation that will assist the Steering and Oversight Committees in evaluating the validity of the experience you listed in the Section III: Relevant Historical Experience and Documentation. Ensure the information accurately describes your active participation in requisite meetings, the planning process, and compliance with all National Incident Management System (NIMS) and Incident Command System (ICS) principles. Applicants are strongly encouraged to use the following list to guide their submittal.

Example documentation includes, but is not limited to:

- Appropriate sections of an Incident Action Plan (see list below for sections you must include).
- Recognition letter that specifically addresses the duties and responsibilities and describes how you functioned in the position for which you are applying. Please note that general recommendation letters or certificates of participation or attendance are not acceptable documentation.
- Signed affidavit from the AHJ or agency head, or Incident Commander, that describes your specific position and the duties and responsibilities you filled during the incident or event.
- ICS 225 Incident Personnel Performance Rating Form from the position you filled.



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When you submit your supporting documents - group them as listed in Section III - Relevant Historical Experience Section.

All Incident Action Plans submitted must include the Cover Sheet, ICS-202, ICS-203, and two (2) different ICS-204 forms. Your name should be listed on the ICS-203 for that operational period. The signature pages must be complete and legible.

- **Logistics Section Chief (LSC):** If no Communication Unit Leader or Medical Unit Leader were utilized add two (2) different Incident Communication Plans (ICS-205 form) and two (2) different Incident Medical Plans (ICS-206 form) that have your signature as the preparer.
- **Planning Section Chief (PSC):** Your signature should appear on the bottom as the Planning Section Chief on the forms.
- **Operations Section Chief (OSC):** The two (2) ICS-204 forms should have your name in it as part of the organization managing what you are stating in the application.
- **Finance/Administrative Section Chief (FSC):** Add ICS-209 form or equivalent, or finance related documents demonstrating the operability of the Finance/Admin section, incident time records, budget records, written spending authority delegation, or letter.
- **Public Information Officer (PIO):** Add two (2) different press releases that have your name as the point of contact, or that indicate you wrote the message.
- **Safety Officer (SOFR):** Add two (2) different ICS-206 forms and ICS-208 forms (Safety Messages) or ICS-215A forms with your name and signature as the approver or preparer.
- **Liaison Officer (LOFR):** Add two (2) different incident listings of the Assisting and Cooperating agencies; meeting flyer; agency contact lists; or other document demonstrating LOFR responsibilities on the incident; and a letter indicating you filled that role.
- **Incident Commander (IC):** The ICS-202 form should have your signature on the bottom as the Incident Commander.
- **Situation Unit Leader (SITL):** Add two (2) ICS-209 forms or Situation Reports that include your name as the author or preparer, or maps with an indication that you developed them.
- **Resources Unit Leader (RESL):** The ICS-204 forms should have your signature as completing the form.
- **Supply Unit Leader (SPUL):** The ICS-203 form should have you assigned to that role.
- **Communications Unit Leader (COML):** Add two (2) different ICS-205-Radio Communication Plans with your name and signature as the preparer.

SECTION IV: RECOMMENDATIONS

- List any personal references who may be contacted during the review process to help provide personal knowledge of your experience while serving within the Incident Command System during your career including, but not limited to: emergent incidents, HSEEP evaluated exercises (Functional or Full Scale), and events in which you performed in the specific position for which you are applying.
- Attach letters, resumes, and any other related documentation to support this application.
- Ensure all information is true and correct.

SECTION V: REQUIRED SIGNATURES

- Obtain the signatures of authorities listed. Agency Head signature is highly recommended.



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Submit your application on the SharePoint Portal as instructed.

ATTACHMENT 3: INSTRUCTIONS FOR UPLOADING APPLICATION AND DOCUMENTATION ONTO SHAREPOINT PORTAL

- 1) **Upload all training documentation to SERT TRAC:** <http://trac.floridadisaster.org/trac/loginform.aspx>
Prior to printing out your transcript to attach to your application, make sure your training has been approved by the State Training Office in SERT TRAC.
- 2) **Register as a user in the State SharePoint Portal:** <https://portal.floridadisaster.org>. Once you submit your request to be a user, the System Administrator will provide you with approval to access the site.
- 3) **Complete enclosed application using the instructions provided.**
- 4) **Submit your application on State SharePoint Portal. You must use Internet Explorer to upload your documentation and your file must not exceed 100 MB. If your documentation exceeds that size, you will need to upload two files numbered 1 and 2 respectively.**
 - a) Scan the entire application packet, including documentation and save the file which **MUST** comply with the naming convention: Last_First_Position.pdf (Smith_John_OSC.pdf) as one PDF. Your application must be submitted in the following order:
 - **Application**
 - **SERT TRAC Transcript**
 - **Relevant Historical Experience Documentation (In listed order as indicated on application)**
 - Note:** IAP Components, ICS 225 forms, Letters of Recommendation/Affidavit should all be grouped according to the event, and follow the list given in the relevant historical experience portion of the application.
 - b) Upload your application on the State of Florida SharePoint Portal:
<https://portal.floridadisaster.org> using the credentials you received earlier in these instructions.

If you have any questions regarding this process, please contact your Regional Steering Committee Member. Thank you for your interest in Florida's All-Hazards Type 3 Incident Management program.

Additional Links Provided:

[SharePoint Portal Guide for Applicants](#)

[Type 3 All-Hazards Incident Management System Qualifying Guide](#)