

Colorado Incident Management Position Certification Crosswalk Application Submission Instructions

To submit an IMT Position Certification Application please follow the below steps:

- 1. Ensure all position requirements as outlined in the Position Description Qualification Tables of the <u>AHIMTA's Incident Management Qualification Systems Guide</u> are met.
- 2. Complete the IMT Position Certification Application for your certification scenario. Ensure the application is complete and all requested information is included in the application packet. <u>Please do not include any extraneous documentation</u>; it creates confusion and slows the process down. Additional documentation will be requested, if needed.
 - Your application should be in a single PDF file or meticulously organized file share folder. In either case, <u>please make sure all pages are right side up</u>. If you use a fileshare, you can use your own platform or you may request a file share by emailing <u>COIMT Position Application@state.co.us</u>. A file share can also be used/requested for a single PDF that is too large to email. If the state provides the file share, it will be Google Drive based. We will grant your reviewer(s) access too.
- 3. If you are on an IMT, <u>submit your application to your team coordinator for review</u>. It must be fully reviewed, approved, and signed by a team coordinator or training officer.
 - If you are not on an IMT, submit your application to your agency's executive or training official for review. It must be fully reviewed, approved, and signed by this official.
- 4. Your application reviewer should submit a single page PDF containing the application and all supporting documentation to COIMT_Position_Application@state.co.us or if you used a file share, please have your reviewer state in the email that your application is ready for submission and provide the file share link.
- 5. DHSEM Staff will respond that your application has been received within five business days. If you used a file share provided by the state, you will lose access at this point. If you use your own file share platform, we will copy the data from it to the state system.

If you use a file share, files must be named/organized similar to the following example:

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{Applicant's Last Name} SOF3 - 01 - Application - signed
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{Applicant's Last Name} SOF3 - 02 - Current Position Certification

{Applicant's Last Name} SOF3 - 03 - Completed Task Book from Other Certifying Entity

{Applicant's Last Name} SOF3 - 03 - Master Record

{Applicant's Last Name} SOF3 - 03 - {Incident 1 Name} ICS-225

{Applicant's Last Name} SOF3 - 04 - {Incident 2 Name} ICS-225

{Applicant's Last Name} SOF3 - 05 - L954 SOF Certificate

{Applicant's Last Name} SOF3 - 06 - 0305 T3 IMT SOF Certificate ...



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Colorado allows individuals credentialed in recognized incident management positions obtained through national qualification systems. Only recognized position-for-position requests at a Type-3 level are considered. Individuals with Type-2 or Type-1 credentials may receive a Colorado Type-3 certification; at this point in time, Colorado does not have higher-level certifications. Individuals requesting a crosswalk must meet all Colorado position qualification requirements including prerequisite and experience requirements.

Section I: Applicant Contact Information

Colorado Crosswa	lk Credentials For:	
	s must be submitted for e	
Applicant Name:		
Sponsor Agency or E (Not team affiliation)		
Mobile Phone Numb	er: Em	nail Address:
Mailing Address:		
City, State, Zip:		
Current ICS Position	Credential	Type
Certifying Entity (Na	ationally recognized syste	m with position task book and certification process)
□ NWCG	☐ USEPA	☐ IIMQS State of
☐ USCG	☐ USPHS	
☐ Other		
	Section II: Incident A	Management Team Affiliation
Current IMT Affiliat	ion (if applicable):	
Team Coordinator(s) or Verifying Official*:_ or Training Officer, If not	on a team, then an agency executive or training official

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Section III: Applicant Qualification Review Checklist

Application and Task Book	<u>.</u>			
☐ Application (This docu	ment)			
☐ Position Certification,	may be Task B	Book Certification	l	
\square Copy of completed and	d signed Task E	Book from recogn	ized qualifica	tion system
☐ Cover letter (optional)	, needed only	for missing or ur	nclear docume	entation.
Experience and Training R	ecords			
☐ Copy of Master Exercis record.		cord, i.e., IQS red	cord, state re	cord and/or training
☐ ICS-225 or 226 from th <u>All sections</u> must be c	-		cidents, even	ts, and exercises).
In lieu of an ICS-225 or 226, i supporting forms with the ap ICS-203, include relevant doc documents that show participates and the control of the control o	plicant shown uments such a pation, positio	in the position tl as a Crew Time R	ney are seekir ecord (CTR), 1	ng. OR, if not listed in the
Event Name	Event Kind	Event Type	Position Filled	Dates Engaged
Prerequisite Training Reco Position Specific Cours Hazardous Materials Av (4 hours minimum) O-305, L-381, S-420, o G-191 IMT/EOC (C&G, SITL)	e (S or G/E/L) wareness r L-481 (C&G o)	'ICS-100 (all p 'ICS-200 (all p	oositions) DIVS, TFLD, Unit Leaders) ions)

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Section IV: Signatures and Submission Information

Signature of Applicant

I verify that my application, position task book, and associated documents are organized and complete. They have been reviewed and meet all Colorado Position Qualification Requirements as stated in the Colorado adopted AHIMTA Interstate Incident Management Qualification System Guide.

APPLICANT SIGNATURE	DATE

Signature of Verifying Official

I verify that I have reviewed this application, position task book and associated documentation. It is complete and meets all Colorado Position Qualification Requirements, as stated in the Colorado adopted AHIMTA Interstate Incident Management Qualification System Guide.

VERIFYING OFFICIAL NAME AND TITLE*

SIGNATURE

DATE

Submission Instructions

- 1. Applications must be submitted by the first of the month in which a State Qualification Review Committee (SQRC) meeting is occurring, or other deadline, whichever is later.
- 2. Candidates shall submit their complete application (which includes supporting documentation), to their IMT Coordinator or verifying official.
- 3. The IMT Coordinator or verifying official is responsible for conducting the final review for accuracy, quality, and completeness; and ensures that the application meets all requirements. The Coordinator's signature certifies that the above review is complete and that they endorse the candidate for qualification.
- 4. The IMT Coordinator or verifying official should email the completed submission to COIMT_Position_Application@state.co.us.Within five (5) business days of receipt, the candidate will be notified via email that their application has been received and will be distributed to the SQRC for their next session.

^{*}A Team Coordinator or Training Officer. If not on a team, an agency executive or training official.