

Qualification Review Committee (QRC) HISTORICAL RECOGNITION OF EXPERIENCE	Individual Responder Evaluation Application
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Applicant information	
Incident position qualification applying for:	
Applicant Name:	
Home Unit Position Title:	
Bureau / Unit:	
Phone number:	
E-mail:	

Application Instructions: Individuals seeking qualification by historical recognition of incident experience must document their relevant experience and the completion of all course requirements in the DOI All-Hazards Incident Positions and Qualifications Guide (Guide) by completing the first three pages of this Application and attaching any supporting documents before forwarding to their supervisor or training officer. The supervisor or training officer will evaluate the overall strength of the historical recognition case before making a recommendation to the Certifying Official.

The Emergency Management Council, Qualification Review Committee (EMCQRC) is designed to evaluate certain Guide positions, but may be requested to assist Bureaus to evaluate an individual's historical recognition for any position.

Block A. Position Qualifications	
1. Do you meet the qualification standard identified in the <i>DOI All-Hazards Incident Positions and Qualifications Guide</i> for this position?	<input type="checkbox"/> Yes. Complete Block E <input type="checkbox"/> No. Go to Block B, part 2. <input type="checkbox"/> Not a <i>Guide</i> Position. Go to Block B
1. Are you currently qualified for this position under NWCG (310-1) standards?	<input type="checkbox"/> Yes. Complete Block E <input type="checkbox"/> No. Go to Block A, part 2 <input type="checkbox"/> Not a 310-1 Position. Go to Block B
2. Were you previously qualified for this position under NWCG (310-1) standards?	<input type="checkbox"/> Yes. Go to Block A, part 3. <input type="checkbox"/> No. Go to Block A, part 3.
3. Is there recent training, experience or other factors, which when taken into consideration with the prior NWCG (310-1) qualification, would reasonably qualify you for this position?	<input type="checkbox"/> Yes. List in Block D and go to Block B <input type="checkbox"/> No. Go to Block B.

Block B. DOI All-Hazard Position Qualifications.	
2. Do you meet a similar standard (i.e. 310-1) for a position identified in the <i>DOI All-Hazards Incident Positions and Qualifications Guide</i> ? (for example an ICT3 seeking qualification as an ICA3)	<input type="checkbox"/> Yes. Describe in Block D and complete Block E <input type="checkbox"/> No Go to Block B, part 3
3. Do you meet <u>some</u> standards identified in the <i>DOI All-Hazards Incident Positions and Qualifications Guide</i> ?	<input type="checkbox"/> Yes. Describe in Block D and go to Block B, part 4 <input type="checkbox"/> No. Go to Block B, part 4
4. Is there training, experience or other factors, which when taken into consideration with the partial meeting of the standards identified in the <i>DOI All-Hazards Incident Positions and Qualifications Guide</i> , would reasonably qualify this person for this position?	<input type="checkbox"/> Yes. Describe in Block D and go to Block C <input type="checkbox"/> No. Describe in Block D and go to Block C

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Block C. Training and Work Experience.	
1. Have you successfully performed the duties of this position within the last 5 years, even though you do not meet the standards identified in the <i>DOI All-Hazards Incident Positions and Qualifications Guide</i> ?	<input type="checkbox"/> Yes. Go to Block C, part 2 <input type="checkbox"/> No. Go to Block C, part 2
2. Have you met some of the standards identified in the <i>DOI All-Hazards Incident Positions and Qualifications Guide</i> ?	<input type="checkbox"/> Yes. Go to Block C, part 3 <input type="checkbox"/> No. Go to Block C, part 3
3. Is there training, experience or other factors, which when taken into consideration with the partial meeting of the standards identified in the <i>DOI All-Hazards Incident Positions and Qualifications Guide</i> , would reasonably qualify you for this position?	<input type="checkbox"/> Yes. Go to Block D <input type="checkbox"/> No. Go to Block E

Block D. List Considerations.	
<p>1. List factors which are pertinent to your training, experience or qualifications for this position, such as: other non-NWCG or non-DOI Guide qualifications, other training, other relevant experience, job work experience or recommendations from Incident Commanders, supervisors or other significant personnel; then and complete Block E</p>	

Block E. Other Information

Part 1. List incidents or events in which you held incident positions that support consideration for *Historical Recognition*– or attach an current Incident Qualification and Certification System (IQCS) record.

Name of Incident or Event	Incident Type: (e.g. 1, 2, 3, 4, 5)	Date(s) of the Incident or Event	Name, phone, email of person who can validate this experience

Supervisor/Training Officer Recommendation (check recommendation):

Incident position qualification applying for:	
Applicant Name:	
Home Unit Position Title:	
Bureau / Unit:	
Phone number:	
E-mail:	
Recommendation.	
<input type="checkbox"/> 1. Fully qualified for the position.	
<input type="checkbox"/> 2. Qualified for the position upon completion of recommendations.	Training recommendations:
	Experience recommendations:
<input type="checkbox"/> 3. Not currently qualified.	Training recommendations:
	Experience recommendations:
<input type="checkbox"/> 4. Qualified at a lower level or a different position.	Recommendations:

Supervisor/Training Officer Signature: _____ Date: _____

Certifying Official – Prior to certification of historical recognition of incident experience for any individual’s qualification for Type 2 Command or General Staff positions, a Historical Recognition of incident Experience Evaluation Application signed by the EMC Qualification Review Committee is required

I certify that (applicant name) _____ has met all Historical Recognition of incident Experience requirements for qualification in the above position and that such qualification has been issued.

Certifying Official’s Signature: _____

Certifying Official’s Printed Name: _____

Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: _____ Date: _____