

Application for State of Michigan Pharmacy Continuing Education Credit for FEMA Incident Command Training

Name of Participant: _____

Michigan Board of Pharmacy License Number: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

I affirm via my signature that I have completed the online FEMA Incident Command training, as indicated below, and have included a copy of my certificate(s) indicating so.

FEMA Incident Command Program completed:

- ☐ IS-100.HCb – Introduction to the Incident Command System for Healthcare/Hospitals
<http://training.fema.gov/EMIWeb/IS/is100HCb.asp>
- ☐ IS-200.HCa – Applying ICS to Healthcare Organizations
<http://training.fema.gov/EMIWeb/IS/is200HCa.asp>
- ☐ IS-700 – National Incident Management Systems (NIMS), An Introduction
<https://training.fema.gov/is/courseoverview.aspx?code=IS-700.a>

**Programs must be completed between Dec. 15, 2017 and Dec. 14, 2018,
to be eligible for continuing education credit.**

Please complete this form and mail **with a copy of FEMA certificate(s)** indicating successful completion of the program(s) listed above to the below address. Please note that credit will not be reported to your CPE Monitor record; therefore, you must save this copy when returned as proof of completion.

Return to:
Mary Farrington
Michigan Pharmacists Association
408 Kalamazoo Plaza
Lansing, MI 48933
Mary@MichiganPharmacists.org

Do not write below this line. After review, this page will be returned to you in approximately 4-6 weeks.

Continuing Education Certificate

This signed certificate certifies that the above named participant has completed the following program(s).

FEMA ICS Program Completed	Board of Pharmacy Approval Number	Date of Actual Completion per Certificate	Number of Continuing Education Credits Approved
IS-100.HCb – Introduction to the Incident Command System for Healthcare/Hospitals			
IS-200.HCa – Applying ICS to Healthcare Organizations			
IS-700 – National Incident Management Systems (NIMS), An Introduction			

Total Hours Approved: _____ Date Reviewed: _____

Application Reviewed By: (Name) _____

(Title) _____

(Organization) _____

(Signature) _____