Credentialing Application

APPLICATION FORM

Initial ☐ Recertification ☐ Reciprocity ☐

POSITION FOR WHICH YOU ARE APPLYING_____
(Note: Separate applications must be submitted for each position applied for)

NAME_____

Last 4 of Social Security number_____

AGENCY_____EM REGION_____

ADDRESS_____

_____

PHONE NUMBER_____CELL PHONE_____

E-MAIL ADDRESS _____

RANK AND/OR WORKING TITLE_____

_____ _____
APPLICANT'S SIGNATURE DATE

I verify that the applicant has Agency approval to participate on AHIMT dispatches.

_____
VERIFYING OFFICIAL AND TITLE DATE

FOR INITIAL CERTIFICATION

I verify that the applicant has met the minimum requirements of the AHIMT Qualification System Guidelines

_____
NCEM BRANCH MANAGER DATE

RECIPROCITY ONLY

I verify that the applicant is qualified at the requested ICS position according to the requirements of the previous State/Organization's All-Hazard Incident Management Team (AHIMT) Qualification System Guide.

VERIFYING OFFICIAL AND TITLE DATE

This application is only to be used for individuals wishing and able to be deployed on a Statewide basis. Assignments to incidents may be up to 2 weeks in length.
**If you have not already created a TERMS Profile, please do so at this time at http://terms.ncem.org/TRS/logon.do. **

Email completed application packet to:

NCAHIMT@ncdps.gov