



AUGUSTA UNIVERSITY

CHEC Certification Request

This form must be submitted with your Personal Training Record each time a certification level or certification renewal is requested. Please read the CHEC Request Packet in full. Once your certification packet has been processed and approved, you will be contacted to pay the fee of \$75 prior to mailing of your Certification (\$50 for re-certification).

I _____, request to be awarded the CHEC certification level identified below. My Personal Training Record and a copy of training completion certificates are attached.

CHEC Level I

CHEC Level II

CHEC Level III

CHEC Renewal

(Please indicate level or renewal)

(place an X in appropriate box)

Your Mailing Address (preferably your home address):

Name:

Street:

City, State:

Zip Code:

Phone (daytime):

Email address:

Signature: _____

Date: _____

Certified Healthcare Emergency Coordinator (CHEC)
Personal Training Record

Name:
Position Title:
Organization:
Date assumed HEC duties:

Training Period From: _____ To: _____

Course/Training	Date	Length (# hours)	Training Provider (organization and/or lead instructor name)	Training Location
Level I Certification Requirements				
CHEC Basic Course				
<u>IS-230 Fundamentals of Emergency Management</u>				
<u>IS-100 Introduction to ICS (or equivalent)</u>				
<u>IS-200 Applying ICS to HC</u>				
<u>IS-700 NIMS</u>				
<u>IS-800 NRF</u>				
Level II Certification Requirements				
<u>IS-120 An Intro to Exercises</u>				
<u>IS-235 Emergency Planning</u>				
CHEC Advanced Course: Emergency Plans & Exercises				
Level III Certification Requirements				
Basic Disaster Life Support				
Advance Disaster Life Support				
National Disaster Life Support –Decontamination (or a <u>hospital-based operations level Decon course</u>)				
One Year experience	From: To:	Organization's Name/s:		

CHEC Renewal/ Re-Certification Requirements:

**ADDITIONAL REQUIREMENTS-24 Hours (biannually-12 per year),
at least half must come from coursework, the other half can come from Conference Attendance**

Conference (at 75%): _____				
EMA Courses (day for day credit): _____				

I, _____, an employee of _____
certify that I attended the training programs described above.

_____ (Signature) _____ (Date)

This training record is filed with the Augusta University (AU), Center of Operational Medicine (COM).

Certifications will expire and be up for renewal on a calendar year (January 1-December 31) time frame. All State courses with associated continuing education hours will be accepted, to include the State Office of EMS, EMA, POST, and Fire Academy. In addition, all FEMA Independent Study (IS) Courses will be accepted at the rate of 1 CEU per course.

All other courses, lectures, symposiums, conferences or related training
will be approved for CEUs on a case by case basis.

A copy of the certificates of completion from all courses and conferences listed above as well as documentation to support the One-year's experience requirement MUST accompany this record for processing. Please allow 2-4 weeks for processing once received by the COM.

Submit packet to the Center of Operational Medicine at Augusta University:

Email: COM@augusta.edu

Fax: 706.721.7718

Or mail: Augusta University, Center of Operational Medicine

1120 15th St., AF-2039

Augusta, GA 30912