



## Petition to Substitute Training

Name of Petitioner \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

### 1. Course to be substituted:

- |   |  |
|---|--|
| <input type="checkbox"/> Fundamentals of Emergency Management | <input type="checkbox"/> Disaster Services Overview      |
| <input type="checkbox"/> IS-22 Are You Ready?                 | <input type="checkbox"/> Shelter Operations              |
| <input type="checkbox"/> IS-700 NIMS Introduction             | <input type="checkbox"/> Shelter Simulation              |
| <input type="checkbox"/> IS-100 ICS Introduction              | <input type="checkbox"/> Heartsaver Bloodborne Pathogens |
| <input type="checkbox"/> Psychological First Aid              | <input type="checkbox"/> Heartsaver AED                  |
| <input type="checkbox"/> Food Safety Training                 | <input type="checkbox"/> Healthcare Provider             |
|   | <input type="checkbox"/> Heartsaver First Aid            |

2. Proposed Equivalent Course: \_\_\_\_\_

**\*Attach copy of course certificate. Include front and back, if applicable.**

I declare that the certificate I have provided is a true and unaltered copy of the certificate that was issued to me upon completion of the designated course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date