



# 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

(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:**

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

