



STATE OF INDIANA REQUEST FOR CHANGE OF CREDENTIALING STATUS (RCCS) FORM

INSTRUCTIONS:

Check the box indicating the purpose, then complete the indicated sections.

- A) Request for new position qualification/certification:** Complete sections 1, 2, 7, 8, 9
- B) Documentation of currency:** Complete sections 1, 3, 7, 8, 9
- C) Request to withdraw certification:** Complete sections 1, 4, 7, 8, 9
- D) Request for reinstatement:** Complete sections 1, 5, 7, 8, 9 (if due to currency lapse, also complete Section 3)
- E) Documentation of loss of certification. Committee use only.** Complete sections 1, 6

IDENTIFYING INFORMATION – SECTION 1

PERSONAL INFORMATION	
Last Name, First Name, MI:	Date Form Submitted:
Email:	Primary Phone Contact (include area code):
Alt email – optional:	Alt Phone Contact – optional (include area code):
Employer:	Job Title/Rank:
Work Address:	Personal Mailing Address:
City/State/Zip:	Personal Mailing City/State/Zip:

If box A (new position) is checked, select the <u>desired</u> position you are requesting. If box B, C, D, or E is checked, enter the <u>existing</u> position this request applies to.			
Incident Commander		Safety Officer	Liaison Officer
Planning Section Chief		Public Information Officer	Operations Section Chief
Resources Unit Leader		Logistics Section Chief	Finance/Administration Section Chief
Staging Area Manager		Situation Unit Leader	Division/Group Supervisor
Facilities Unit Leader		Strike Team/Task Force Leader	Communications Unit Leader
Other (indicate below)		Supply Unit Leader	Finance/Administration Unit Leader

REQUEST FOR NEW POSITION – SECTION 2

- Attach documentation of NIMS Core training (ICS-100, ICS-200, ICS-300, IS-700, IS-800).
- Sign Section 7.
- Obtain signature of employing or sponsoring supervisor in Section 8.
- Complete Section 9 by emailing documents to State Training, Education and Membership Committee (STEMC) at efunkhouser@dhs.in.gov.

DOCUMENTATION OF CURRENCY – SECTION 3

Attach the following documentation to demonstrate currency in the position indicated in Section 1.

- Incident Action Plan(s) with person's name on the appropriate forms (ICS-202, ICS-203, ICS-204, etc.).
- Incident, event or exercise performance evaluations (such as an ICS-225, Incident Personnel Performance Rating, or equivalent) from qualified evaluators or supervisors.
- Narrative of experience within the past five (5) years. Include supporting information about:
 - Number of deployments/assignments
 - Number of operational periods for each assignment/deployment
 - Variety of incidents
 - The complexity level (type) of the incidents, planned events or exercises during which the individual performed
- Sign Section 7.
- Obtain signature of employing or sponsoring supervisor in Section 8.
- Complete Section 9.

WITHDRAWAL OF CERTIFICATION – SECTION 4

By completing this section, you are voluntarily withdrawing your certification for the position indicated in Section 1. Withdrawing certification does not suspend the currency requirements of that position.

- Indicate length of time of withdrawal below:
 - Until further notified
 - Permanently
- Sign Section 7.
- Obtain signature of employing or sponsoring supervisor in Section 8.
- Complete Section 9.

REINSTATEMENT AFTER LOSS OF CERTIFICATION – SECTION 5

By completing this section, you are requesting the SCQC to make a determination to have the certification reinstated.

Loss of certification was:

- Voluntary request to withdraw certification;
 - Loss of currency;
 - Other—explain here:
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- If due to loss of currency, attach proof of position performance assignment by completing Section 3.
- If requesting recertification after voluntary withdrawal, confirm position currency has not lapsed.
- Sign Section 7.
- Obtain signature of employing or sponsoring supervisor in Section 8.
- Complete Section 9.

LOSS OF CERTIFICATION – SECTION 6 *(Committee use only)*

- Check if loss is due only to currency interval being exceeded for the position identified in Section 1.
- Attach request and any documentation; add comments on pages 3 and 4.
- Forward to appropriate committees for action.

APPLICANT SIGNATURE – SECTION 7

APPLICANT			
By signing below, you hereby certify that the information recorded on this form is true and correct.			
Print Name		Date	
Signature			

SUPERVISOR APPROVAL – SECTION 8

SUPERVISOR APPROVAL			
Employer Name		Date	
Supervisor Signature		Supervisor Title	

ROUTING – SECTION 9

- If requesting a new position (box A is checked in Section 1), email completed and signed form and scanned documentation (PDF files, not pictures) to the State Training, Education, and Membership Committee (STEMC) at: efunkhouser@dhs.in.gov
- For all other requests, email completed and signed form and scanned documentation (PDF files, not pictures) to the Credentialing and Qualifications Committee at: efunkhouser@dhs.in.gov

FOR COMMITTEE'S USE ONLY

SCQC USE:

Date of Decision:

-
- | | |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| <input type="checkbox"/> Loss of position currency | <input type="checkbox"/> Position certification reinstated without additional requirements |
| <input type="checkbox"/> Trainee status for that position | <input type="checkbox"/> STEMC to issue a new Position Task Book (PTB) to complete |
| <input type="checkbox"/> Complete further training | <input type="checkbox"/> Requisite experience through performance assignment method (see comments) |

SCQC Comments:

STEMC USE:

Date of Decision:

- | | |
|-------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Request Approved | <input type="checkbox"/> Request Not Approved |
| <input type="checkbox"/> Initiate trainee status | <input type="checkbox"/> Schedule for position training |
| <input type="checkbox"/> Schedule for O-305 training course | <input type="checkbox"/> Issued new PTB to complete |
| <input type="checkbox"/> (other) | <input type="checkbox"/> Other (explain in comments) |

STEMC Comments:

GC USE:

Date of Decision:

- | | |
|--------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| <input type="checkbox"/> Return to CQC (explain below) | <input type="checkbox"/> Return to TEMC (explain below) |
| <input type="checkbox"/> Return to Applicant (explain below) | <input type="checkbox"/> Other (explain below) |

GC Comments:

FURTHER EXPLANATION AND COMMENT (IDENTIFY COMMITTEE/NAME):
