

# Application for State of Michigan Pharmacy Continuing Education Credit for FEMA Incident Command Training

Name of Participant: \_\_\_\_\_

MI Board of Pharmacy License Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

*I affirm via my signature that I have completed the online FEMA Incident Command training as indicated below and have included a copy of my certificate indicating so.*

**FEMA Incident Command Program completed:**

- IS-100.HCb – Introduction to the Incident Command System for Healthcare/Hospitals  
<http://training.fema.gov/EMIWeb/IS/is100HCb.asp>
- IS-200.HCa – Applying ICS to Healthcare Organizations  
<http://training.fema.gov/EMIWeb/IS/is200HCa.asp>
- IS-700 – National Incident Management Systems (NIMS), An Introduction  
<http://training.fema.gov/EMIWeb/IS/is700.asp>

**Program must be completed between Oct. 14, 2011, and Oct. 13, 2012,  
to be eligible for continuing education credit.**

Please complete this form and mail **with a copy of the FEMA certificate** indicating successful completion of any/all of the programs listed above to the following address:

**Michigan Pharmacists Association**  
Attn: Greg Pratt, R.Ph.  
408 Kalamazoo Plaza  
Lansing, MI 48933

**Do not write below this line.**

(After review, this page will be returned to you in approximately 4-6 weeks)

FEMA ICS Program Completed	Board of Pharmacy Approval Number	Date of Actual Completion per Certificate	Number of Continuing Education Credits Approved
IS 100			
IS 200			
IS 700			

Total Hours Approved: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Application Reviewed By: \_\_\_\_\_