

REQUEST FOR TEMA HAZARDOUS MATERIALS SPECIALIST CERTIFICATION

The curriculum established for a Hazardous Materials Specialist Certification program is based on training standards developed by the Tennessee Emergency Management Agency utilizing OSHA requirements, NFPA 470 Standards for Hazardous Materials Specialist. The Certification criteria are based on a series of courses offered by TEMA. These courses are comprised of National Fire Academy courses, Federal Emergency Management Agency, Federal Office of Homeland Security, and courses developed by TEMA. These training courses require the demonstration of competencies through written examinations, hands-on demonstrations, field scenarios, and exercises.

Certification Checklist:

- An application filled out listing TEMA courses completed, by name, number, and date.
- A copy of the required prerequisite TEMA Course Certificate(s) or training transcript is attached to the application.
- Signature and date from the department training officer, or department head and applicant.
- Email or Send Drive with Digital Color Photo with Last Name, First Name, Middle Initial
- Application and attachments submitted to the TEMA Regional Office for verification and review.

Name:		Date:		Last 4 of SSN:	
Organization:			Job Title:		HM Tech Badge #:
Address:			City:		Zip:
County:	Phone:		Email:		

Prerequisites Required for Certification	Course #	Certificate Date
Minimal one year certified as Hazardous Materials Technician	N/A	
G300 - intermediate Incident Command System (16-hours)		
R/N/O0233 - Chemistry for Emergency Response (80-hours)		
O0229 - Hazardous Materials Operating Site Practices (80-hours) Or R/N/O0258 - Management and Safety in Response to Hazardous Materials/WMD (72-hours)		
PER-354 - Response to Radiological/Nuclear Weapons of Mass Destruction (WMD) Incidents [RESPONSE] (30/27- hours) Or G320.0 - Fundamentals Course for Radiological Response (24-hrs)		

I acknowledge **all prerequisites and courses** have been completed, and certify that the information given in this application is correct and complete to the best of my knowledge. I have submitted the necessary documents and will supply further information as determined by TEMA. I understand that any false statement or misrepresentation I make in the course of these proceedings may result in the revocation of this application. I give my permission for verification of any information contained in this package.

Candidate's Signature	Date
I verify that the Candidate is an employee of this department and, to the best of my knowledge, the information given in this application is correct and complete.	
Employer's Signature	Date

TEMA Use Only	Date	Signature	Remarks	Y	N
District Coordinator					
Regional Director					
HM Program Manager					