

**Name:** \_\_\_\_\_ **Call Sign:** \_\_\_\_\_ **Jurisdiction:** \_\_\_\_\_

All activities must be performed according to the Performance Standards. For specifics of each of these requirements, consult the Credentialing Program Handbook.

Program Manager			Endorsement Requirements
Date	Call Sign	Initials	
			<b>Credentials</b>
			SCCo RACES Type II Net Control (N2)
			SCCo RACES Type II Packet Operator (P2)
			<b>Endorsements</b>
			SCCo RACES Mutual Aid Communicator (MAC)
			SCCo RACES EOC Radio Operator
			<b>Administrative</b>
			Recommendation from SCCo RACES Chief Radio Officer
			<b>Training</b>
			<b>Santa Clara County ARES/RACES Training</b>
			SCCo RACES Unit Leader Orientation
			<b>Emergency Management Training</b>
			G191: ICS / EOC Interface
			IS-2200: Basic Emergency Operations Center Functions
			<b>Mentored Experience</b>
			Min 1: RACES Unit Lead at approved exercise, event, incident

Usage:

- It is the candidate’s responsibility to maintain this record
- This document functions as a confirmation of completion of each credential requirement
- Bring this document with you to each evaluation attended for this credential
- Have the program manager sign-off on each line item completed
- Retain this document as your personal record in case of error or loss of county records