

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	
			Credentials
			Type IV Communicator or higher
			Administrative
			Agree to deploy anywhere in Santa Clara County
			Registered Disaster Service Worker in Santa Clara County
			Successful LiveScan and Background Check by SCCo Sheriff
			Recommendation from local jurisdiction Radio Officer
			Participation
			Min 1: Radio Op at approved county exercise, event, incident
			Credential Evaluator
			Knowledge
			Radio familiarity

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