



**Massachusetts State
 Communications Unit
 Position-Specific Credentialing
 Credential Renewal Form**

MA COMU Applicant

Name: _____
First Name
Middle Initial
Last Name

Rank and/or Working Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

COMU Position re-credentialing in:
 COML
 INCM
 INTD
 RADO
 AUXCOMM
 COMT
 ITSL
 TERT

Note: Requirements for qualification are detailed in the Massachusetts Communications Unit Position-Specific Credentialing Policy.

Continuing Education Requirements

Credentialed COMU Personnel will be required to complete thirty-six (36) hours of CEU, prior to their expiration date, in the following six (6) categories:

- Job Duties as it relates to communications systems (voice, data, IOP planning) **(4 Hours Minimum)**
 - Establish a communications system to meet incidents operational needs **(4 Hours Minimum)**
 - Workshops and/or Seminars **(6 Hours Minimum)**
 - Exercises (Functional/Full Scale) **(12 Hours Minimum)**
- Communications/ICS Related Training Programs **(6 Hours Minimum)**
 - Communications Presentations/Teaching **(4 Hours Minimum)**

Categories	Date	Hours
<i>Job Duties as it relates to communications systems (4 Hours Minimum)</i>		
<i>Establish a communications system to meet incidents operational needs (4 Hours Minimum)</i>		
<i>Workshops and/or Seminars</i>		
<i>Exercises</i>		
<i>Communications/ICS related training programs</i>		
<i>Communications Presentations/Teaching</i>		

Exercise-Incident Information

(To be filled out in support of CEU's on previous page)

Exercise: Incident Date: _____ Location: _____

COMU Position: _____

Incident Name: _____

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Incident Commander Name: _____

Phone: _____

Exercise: Incident Date: _____ Location: _____

COMU Position: _____

Incident Name: _____

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Incident Commander Name: _____

Phone: _____

Incident: Incident Date: _____ Location: _____

COMU Position: _____

Incident Name: _____

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Incident Commander Name: _____

Phone: _____

Incident: Incident Date: _____ Location: _____

COMU Position: _____

Incident Name: _____

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Incident Commander Name: _____

Phone: _____

Agency

Agency Name: _____

Agency Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

E-mail: _____

Signature of Applicant: _____

Date: _____

I _____ authorize the individual names above as an active member of this agency and certify that he/she meets all outlined requirements for re-credentialing in a Massachusetts COMU Position, as specified.

Signature of Supervisor: _____

Date: _____

Title: _____

Telephone: _____

Submit Documents by E-mail to:
Executive Office of Public Safety and Security
Statewide Interoperability Coordinator
One Ashburton Place, Suite 2133
Boston, Ma. 02108
MA.SWIC@Mass.gov

For SWIC / EOPSS Use:

Received By: _____

Date: _____