

San Diego Operational Area  
CICCS Certification Form

**Fireline EMT (EMTF)**

Name:	
Title:	
Department:	
Date:	

**Required Training Courses**

- Introduction to ICS (I-100) **Certificate is attached**
  - Basic ICS (I-200) **Certificate is attached**
  - NIMS an Introduction (IS-700) **Certificate is attached**
  - Fireline EMT (S-223) **Certificate is attached**
  - Intermediate Wildland Fire Behavior (S-290)\* **Certificate is attached**
- \* The online S-290 course does not meet the requirement for this position. Only the full NWCG **OR** SFT classroom version is acceptable.
- Annual Fireline Refresher Training (RT-130) **Certificate is attached or noted in Chief's letter**

**Required Experience**

- Current California EMT License **License is attached**
- And**
- Current local EMS Agency Certification **Certificate is attached**
- And**
- Qualified as a Firefighter Type 1 (FFT1) **Certificate is attached**
- And**
- Successful position performance as a Fireline Emergency Medical Technician (EMTF) **PTB Complete and attached**

**Physical Fitness Level**

- Arduous **Noted in Chief's letter**

**Recommended Training Which Supports Development of Knowledge and Skills**

- Basic Air Operations (S-270)
- Fireline Leadership (L-380)

\*\* Any qualified EMTF or EMPF may serve as an evaluator/final evaluator for an EMTF or EMPF Trainee.

Upon completion of all required training and experience, complete application packet and submit to the Operational Area CICCS Committee Chair.