

San Diego Operational Area  
CICCS Certification Form

Medical Unit Leader (MEDL)

Name:	
Title:	
Department:	
Date:	

**Required Training Courses**

- Medical Unit Leader (S-359) *Certificate is attached*
- Intermediate ICS (I-300) *Certificate is attached*
- National Response Framework (IS-800B) *Certificate is attached*

**Required Experience**

**OPTION 1**

- Current California EMT License *EMT Card is attached*
- Successful position performance as a Medical Unit Leader (MEDL) *PTB Complete and attached*

**OPTION 2**

- Current California EMT-P License *EMT-P Card is attached*
- Successful position performance as a Medical Unit Leader (MEDL) *PTB Complete and attached*

**Physical Fitness Level**

- Light *Noted in the Chief's Letter*

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

- Fireline Leadership (L-380)

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