

San Diego Operational Area  
CICCS Certification Form

**Status/Check-In Recorder (SCKN)**

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*
- Status/Check-in Recorder (S-248) *Certificate is attached*

**Required Experience**

- Successful position performance as a Status/Check-In Recorder (SCKN) *PTB Complete and attached*

**Physical Fitness Level**

- None

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

- Human Factors in the Wildland Fire Service (L-180)
- Incident base Automation (I-Suite or INCINET)

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