

Allied Radio Matrix for Emergency Response (ARMER) Standards, Protocols, Procedures

Document Section:	3 - Interoperability Standards-	Status: Recommended by the Interoperability Committee 7/21/09
Sub-Section:	State 3.17.0	
Procedure Title:	Criteria for State Certification as a Communications Unit Leader type III	
Date Established:	04/30/09	SRB Approval:
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Date Revised:	n/a	

1. Purpose or Objective:

The intent of this standard is to establish protocols and procedures to be used for certification and re-certification of Communications Unit Leaders Type III (COML) in the state of Minnesota.

2. Background:

During all-hazards emergency response operations, communications among multiple jurisdictions and disciplines, including emergency medical, fire, and law enforcement services, is essential. Unfortunately, the absence of on-scene communications coordination has often compromised critical operations. To close this capability gap, the Department of Homeland Security's (DHS) Office of Emergency Communications (OEC) in partnership with the Office for Interoperability and Compatibility (OIC), the Federal Emergency Management Agency (FEMA), National Integration Center (NIC), and practitioners from across the country developed performance and training standards for the All Hazards Type III COML as well as formulated a curriculum and comprehensive All-Hazards Type III COML Course.

COML responsibilities include developing plans for the effective use of incident communications equipment and facilities, managing the distribution of communications equipment to incident personnel, and coordinating the installation and testing of communications equipment.

As representatives of the Minnesota Public Safety Community complete COML training, the Federal Government has left it up to each state as to determine how the COML will be certified. This standard will lay out the certification process for Minnesota.

3. Recommended Procedure:

The following procedure shall be followed in order to be initially certified as a Communications Unit Leader Type III (COML) and in order to be recertified:

1. Attend and successfully complete a three day COML training session taught by a certified COML instructor.
2. Complete the COML Task Book by demonstrating satisfactory performance of each of the 26 tasks as witnessed by qualified evaluator(s) within three years of COML Training. It is acceptable to use an incident that occurred up to three years prior to the COML training. (See attachment "A" Evaluation Form)
3. Participate as the COML in at least one NIMS Type III training drill, functional exercise, full scale exercise, incident or preplanned event. Provide a copy of one of the following: (1) Incident Action Plan; (2) Incident Communications Plan; or (3) After Action Report.
4. Obtain the "Final Evaluator's Verification" from one of the following: (1) A NIMS trained COML; (2) A Designated Agency Head; or (3) An Incident Commander. (See attachment "D" Verification / Certification of completed task book Form)
5. Obtain "Agency Certification" from the Designated Agency Head employing the candidate indicating that the candidate has met all qualifications for COML certification. (See attachment "C" Agency Certification Form)
6. Submit the signed off Task Book, NIMS course certificates (a printout from the HSEM training repository will suffice) and copies of relevant Incident Action Plans, Incident Communications Plans, and After Action Reports to the Regional Interoperability Coordinator in your region (for the Metropolitan Emergency Services Board Region the documents will be submitted to the Metropolitan Interoperability Coordinator to be brought before the MESB RTOC (Radio Technical Operations Committee) for approval).
7. The Regional Interoperability Coordinator (for the MESB Region, the Metropolitan Interoperability Coordinator) will review the qualification documents to make sure they meet the requirements as set out in this certification process and then go before the Regional Advisory Committee (RAC) or Regional Radio Board (RRB) (for the MESB Region the MESB RTOC) presenting the COML candidate's credentials and requesting a resolution that the COML candidate be recommended to the Statewide Interoperability Program Manager for final review and certification. (See attachment "B" check-off template)

8. The Statewide Interoperability Program Manager will review the qualification documents, copy the Task Book and relevant documents for filing and sign off on the original Task Book and return it to the COML. This will serve as State Certification of the COML and will be good for three years. (Submitting these documents by mail is acceptable. If the documents are lost a copy will be deemed the original and marked as such)
9. Recertification will be accomplished by participation in a NIMS Type III training drill, functional exercise, full scale exercise, incident or pre planned event at least once every three years to keep the COML qualifications and skills up to date.
10. Prior to certification the TIC Plan should designate COML in Training by: COML (T).
11. Certification will be recorded and kept on file by the State Interoperability Program Manager, the Regional Radio Board, and the COML agency. A list of certified COML with their certification expiration date will be maintained on the Statewide Radio Board website by the State Interoperability Program Manager.

4. Management:

The State Interoperability Program Manager will manage the COML certification and re-certification process in Minnesota.

This form must be filled out by evaluators, when sign offs are done for COML Task book

Evaluation # 1 - ?? (write over)	Name of Evaluator:	Title:	Agency:	
Evaluator's Address				
Name & Location of Incident - Agency and Area	Kind of Incident	Number and Type of Communication Resources	Duration of Incident	Management Level or Complexity Level
<p align="center">Name of Trainee _____</p> <p> <input type="checkbox"/> The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. <input type="checkbox"/> I recommend the following for further development of this trainee. <input type="checkbox"/> The individual has successfully performed all tasks for the position and should be considered for certification. <input type="checkbox"/> The individual was not able to complete certain tasks (comments below) or additional guidance is required. <input type="checkbox"/> Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation. <input type="checkbox"/> The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee. </p> <p>Recommendations: _____</p> <p>Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification` rating: _____</p>				

Minnesota COML Team
Metro Region Communications Unit Leader
Type III COML CERTIFICATION CHECK OFF

The following items checked are included in this packet

- All Prerequisite Training Completed
 - ICS 700 (Printout attached)
 - ICS 800 (Printout attached)
 - ICS 100 (a or b) (Printout attached)
 - ICS 200 (Printout attached)
 - ICS 300 (Printout attached)

If you are part of the Minnesota training Website, A print of the HSEM Certification Record Completed courses main page with the above courses listed will be sufficient.

- Copy of Certificate from COML training
- Agency Certification (attached)
- Completed Task Book (with evaluator reviews)
- Copy of an Incident Action Plan, Incident Communications Plan, or After Action Plan (only one needed)
- Final Evaluator Certification (attached)
- Regional Interoperability Coordinator review

(Signature)

(Printed Name)

- Regional Radio Board – Technical Operations Committee Review

(Chair of Radio-TOC Signature)

(Printed Name)

- Statewide Interoperability Program Manager Review

(Statewide Interoperability Program Manager Signature)

(Printed Name)

**VERIFICATION / CERTIFICATION OF
COMPLETED TASK BOOK
FOR THE POSTION OF TYPE III COML (All Hazards)**

Agency Certification

I certify that _____ has met all requirements for qualifications in this position and that such qualification has been issued.

Certifying Official's Signature _____ Date _____

Printed Name _____ Agency _____

Title _____ Phone Number _____

Pre Qualifications for COML Training are but not limited to:

- A public safety communications background with exposure to field operations; this experience should be validated by the authority who supervised the student.
- Fundamental public safety communications technology, supervisory, and personnel management skills. These must be validated by the authority who supervised the student and include, but are not limited to:
 - Knowledge of local communications systems
 - Frequencies and spectrum
 - Technologies
 - Knowledge of local topography
 - Knowledge of system site locations
 - Knowledge of local, regional, and state communications plans
 - Knowledge of local and regional Tactical Interoperable Communications Plans, if available
 - Knowledge of local, regional and national communications and resource contacts
- Completion of the following training courses:
 - IS-700, IS-800b, ICS-100, ICS-200, and ICS-300

**TO BE ATTACHED TO COMPLETED TYPE III COML (ALL HAZARDS) TASK
BOOK**

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSTION OF TYPE III COML (All Hazards)

Final Evaluator's Verification

I verify that all tasks have been performed and are documented with appropriate initials.

I also verify that _____ has performed as a trainee and should therefore be considered for certification in this position

Final Evaluators Signature _____ Date _____

Printed Name _____ Agency _____

Final Evaluators Highest NIMS Qualification _____

Phone Number _____ email address _____

Compiled training information:

Number and Type of Resources: _____
Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

Duration: _____
Enter the inclusive dated during which the trainee was evaluated.

Management Level or Fire Complexity Level: _____
Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command.

Date: _____
List the date the record is being completed.

Evaluator's initials: _____
Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualification Record.

To be attached to completed Type III COML (All Hazards) Task Book