

Name: _____ Call Sign: _____ Jurisdiction: _____

All activities must be performed according to the Performance Standards. For specifics of each of these requirements, consult the Credentialing Program Handbook.

| Evaluator | | | Credential Requirements |
|-----------|-----------|----------|---|
| Date | Call Sign | Initials | |
| | | | Prerequisites |
| | | | Packet Operator Type II |
| | | | Training |
| | | | Santa Clara County ARES/RACES Training |
| | | | Level-specific training (see handbook) |
| | | | Emergency Management Training |
| | | | ICS-300: Intermediate Incident Command System |
| | | | Participation |
| | | | Min 6: weekly packet practice |
| | | | Min 1: packet op at approved drill/exercise, public service or incident |
| | | | Equipment |
| | | | Field Communicator Type I equipment (w/ exceptions) |
| | | | Level-specific equipment (see handbook) |
| | | | Knowledge |
| | | | Radio familiarity |
| | | | Set up digipeater and node |
| | | | Set up TNC-based BBS (multi-user) |
| | | | Set up software-based BBS (e.g. JNOS) |
| | | | Managing problems |
| | | | Operator Skill |
| | | | Plan, design, set up, manage packet ops for approved exercise or event |
| | | | Logs and Records: 202, 205, 211A, 214, 309, other |

Usage:

- It is the candidate’s responsibility to maintain this record
- This document functions as a confirmation of completion of each credential requirement
- Bring this document with you to each evaluation attended for this credential
- Have the evaluator sign-off on each line item completed
- Retain this document as your personal record in case of error or loss of county records