

Jurisdiction Name: \_\_\_\_\_

Activity Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

In order to qualify as an approved activity in the Credentialing Program, the exercise, event or incident must provide the participants with a realistic operating experience which is conducted according to training and operating standards. The requirements are summarized below. For more information, consult the Credentialing Program Handbook.

Overall activity:

- Must last at least two hours
- Message traffic must be realistic and relevant to the exercise, event or incident scenario
  - If 3<sup>rd</sup> party message traffic (which may be simulated) is part of the activity, it must use the appropriate county standard forms and include realistic content
  - Operator-to-operator message traffic must be necessary and appropriate for the scenario
- Must be entered into the SCCo ARES/RACES events database calendar and participation must be logged in the events database

Operations must be conducted according to “Santa Clara County ARES/RACES Performance Standards and Best Practices”, including:

- Proper check-ins and check-outs on nets
- Proper hand-offs between nets so individuals are always under supervision
- Proper health and welfare checks performed throughout the event on all nets
- Proper message passing procedures used (including forms, prowords, phonetics, etc.)
- All county “Performance Standards and Best Practices” adhered to by all positions
- If travel to/from the activity is part of the activity itself, then operator travel must be tracked and managed on a Resource Net

Documentation must be completed according to “Santa Clara County ARES/RACES Performance Standards and Best Practices”, using standard county forms, including:

- Resource Net (if used) tracking via form, T-cards or similar method
- Individual assignments tracked via form, T-cards or similar method
- ICS 205 Communications Plan distributed before assignment begins for Public Service events or at event for drills and exercises
- ICS 211A Communications Sign-in used to sign in/out all participants
- ICS 214 Unit Activity Log completed by all participants
- ICS 309 Communications Log completed by all operators (shadows can use ICS 214)
- ICS 213 forms used for all 3<sup>rd</sup> party message traffic
- Operator-to-operator messages written on 2-part phone message or other suitable forms
- All participants turn in all logs and documentation to event IC at end of shift/event
- If participants are traveling to or from another jurisdiction/city, the Resource Net must be utilized.
- An After-Action-Report (AAR) needs to be submitted to County RACES.

**Signatures:**

**Radio Officer:**

I have reviewed the requirements for an approved activity in the Credentialing Program Handbook and the summary above. Our activity will meet or exceed all of these requirements.

\_\_\_\_\_  
 Print Name of Radio Officer      Signature of Radio Officer      Call Sign      Date

**Jurisdiction Emergency Manager (or authorized official):**

I have reviewed the above requirements and the plan for this activity with our Radio Officer and agree that it meets all of the above requirements.

\_\_\_\_\_  
 Print Name of Official      Signature of Official      Title      Date

**Usage instructions:**

**Radio Officer**

- Review the “Approved Activities” section in the Credentialing Program Handbook” and verify that your activity meets or will meet all of these requirements. Then sign the form.
- Discuss your plan for this activity with your emergency manager and have them sign the form.
- Scan and e-mail the form to: credmgr @ scc-ares-races.org

**Jurisdiction Emergency Manager**

- Review the activity plan with your Radio Officer and verify that it meets the above requirements.
- This is also an excellent opportunity to ensure that the activity plan meets your local needs.
- Sign the form and return it to the Radio Officer for submitting to the Credentialing Program Manager.

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**Credentialing Program Manager Approval:**

\_\_\_\_\_Approved

\_\_\_\_\_Not Approved. Reason: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Print Name of Program Mgr      Signature of Program Mgr      Call Sign      Date