

Eureka CERT Training Record

CERT MEMBER PERSONAL INFORMATION

Title:	First Name	MI	Last Name	ID #
Address		City:		State
SSN:		Email Address:		
Telephone Numbers	Home:	Work:	Fax:	
	Pager	Cell:	Other:	
Region Name:		Name of Sub-Division (neighborhood):		
Team Affiliation	Yes No	CERT Name:		Team #:
Reg. Complete	Yes No	Waiver Signed	Yes No	Team Leader Yes No

TRAINING COMPLETED

Basic CERT Course Completed Yes No	Date Course Completed:
Certificate Issued Yes No	ID issued Yes No
Date Basic Course 1:	Date Basic Course 2:
Fire Supp Completed Yes No	S&R Completed Yes No
Date Refresher Course #1:	Date Cont Ed Course #1:
Date Refresher Course #2:	Date Cont Ed Course #2:
Date Refresher Course #3:	Date Cont Ed Course #3:
Date Refresher Course #4:	Date Cont Ed Course #4:
Date Drill #1:	Date Activation #1:
Date Drill #2:	Date Activation #2:
Date Drill #3:	Date Activation #3: