

US&R GENERAL MEMORANDUM - 2012-070

November 20, 2012

FOR: National Urban Search & Rescue Response System

Task Force Representatives

FROM: Dean Scott, Section Chief

Operations Section

Urban Search and Rescue Branch

SUBJECT: US&R General Memorandum 2012-070 – AZ-TF1 CSSCE Announcement –

January 19-20, 2013

On behalf of the National US&R Response System, Arizona Task Force One (AZ-TF1) is hosting a US&R Canine Search Specialist Certification Evaluation (CSSCE) in Phoenix, AZ, January 19-20 2013. The CSSCE is open to System candidates who have passed an FSA and are seeking to certify or re-certify as FEMA Canine Search Specialist Teams.

Space is limited to 24 candidates and applications must be submitted to Teresa MacPherson at: tmacusar@yahoo.com by December 14, 2012. The attached logistics letter includes event specific information and the application. For additional information, contact the individual(s) identified on the logistics letter.

Task Force Representatives are asked to coordinate this information as appropriate with their Task Force Training Managers.

Distribution:

US&R Task Force Representatives US&R Strategic Group US&R Branch Staff FEMA Regional ESF #9 Representatives

Attachments:

20130119-20 AZ-TF1 CSSCE Announcement – Application



DATE: November 20, 2012

TO: Task Force Leaders, FEMA US&R National Response System

FROM: AZ-TF1 Division Chief Ray Klucznik

SUBJECT: Canine Search Specialist Certification Evaluation

AZ-TF1 will host a Canine Search Specialist Certification Evaluation at Phoenix Fire Special Operations (2430 S. 22nd Avenue) on **January 19 & 20, 2013**. The following logistical information is supplied to assist in your planning to send candidates from your Task Force. There will be no application fee to participate in this evaluation. Task Forces who send participants will be responsible for supporting their member's travel, lodging and per diem expenses.

The Certification Evaluation is open to candidates who have passed an FSA and are seeking to certify or re-certify as FEMA Canine Search Specialist Teams. The application for this evaluation is attached.

Please forward the completed application (typed, signed and emailed) to:

Name: Teresa MacPherson E-mail: tmacusar@yahoo.com

Space is limited to 24 applicants. Application due date is **December 14, 2012**. Receipt of application will be confirmed by e-mail on **December 18, 2012**. If space is available, applications will be accepted after the due dates to fill any open spots.

Applicants are expected to attend the **Orientation Meeting** at the hotel the night before each test day (1900 hrs.). Applicants are expected to attend the **Debriefing** immediately following the test each day.

All transportation needs are the responsibility of each handler.

Airport: Sky Harbor International Airport, 3400 E. Sky Harbor Boulevard, Phoenix

Lodging: Holiday Inn Express, 888-465-4329 or 602-452-2020, 620 N. 6th Street, Phoenix 85004 (please reference FEMA Canine). If there are any lodging issues, please contact *Alexandra Rangel*, Holiday Inn Express, via email: sales.manager@hiephx.net, or John Dean. This facility does not usually permit animals but welcome our search dogs. Please have your dog kenneled when in the hotel room.

Candidates are expected to provide their own personal protective equipment appropriate for rubble pile entry. **Teams without such equipment will not be permitted to participate in the evaluation**. Portable kennels will also be the responsibility of the candidate.

Questions may be directed to: John Dean via email azsearchdogs@yahoo.com



DHS/FEMA National US&R Response System Application for Certification Evaluation/Certification Preparation

(Please Type)

(Delivery and receipt of this application does not guarantee acceptance. It is the responsibility of the applicant to ensure acceptance or denial of this application)

CE/CP Date:		CE/CP Location:	
Recert: Yes No	Number of Prior Attempt	ts:	Date of FSA:
Has the Team Taken a CP Within the Last 12 Months? □ Yes □ No			
Applicant's Personal Information			
Name:		Task Force:	
Address:			
City: State:		Zip Code:	
Contact Phone:		Email Address:	
Emergency Contact:		Emergency Contact Phone:	
	Canine	Information	
Name:		Breed:	
DOB:		Date of Rabies Vaccination:	
are final. I affirm that I have read,	understand and will abide by thay result in loss of certifications	ne DHS/FEMA/US&F s, loss of evaluator st	nd and accept that the decisions of the evaluators R Code of Conduct and understand that violation of tatus and/or referral to the appropriate authorities.
Applicant Signature:		Date:	
			Date:
The above team is in compliance approved to participate in this eva		ggression, successfo	ully completed a TF administered FSA and is
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