

Martinez Area CERT – Student Achievement Record

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City, State, Zip _____

Mobile Phone: _____

E-Mail: _____

Instr Init	Date Completed	
_____	_____	Disaster Service Worker + Background Check Forms Turned In
_____	_____	Unit 1 – Disaster Preparedness
_____	_____	Unit 2 – Fire Safety
_____	_____	Unit 3 – Disaster Medical Operations – Part 1
_____	_____	Unit 4 – Disaster Medical Operations – Part 2
_____	_____	Unit 5 – Light Search and Rescue
_____	_____	Unit 6 – CERT Organization
_____	_____	Unit 7 – Disaster Psychology
_____	_____	Unit 8 – Terrorism and CERT
_____	_____	Sworn In as Disaster Service Worker
_____	_____	Unit 9 – Disaster Simulation + Skills Assessment
_____	_____	Certificate of Completion Issued
_____	_____	ID Card Issued



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