



Florida Task Force Two
National Urban Search and Rescue Response System
Tel 305-416-5472 Fax 305-416-5475

DATE: January 23, 2012
TO: Task Force Reps, FEMA US&R National Response System
FROM: Chief Joseph Zahralban, Program Manager
SUBJECT: Canine Search Specialist Certification Preparation

FL-TF 2 will be hosting a Canine Search Specialist Certification Preparation Training at Broward Fire Academy, Broward County, Florida on March 24/25, 2012. 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 Preparation Training is open to currently certified teams and those who have passed an FSA.

The application for this evaluation is attached.

Submit completed applications (typed, signed and e-mailed or faxed) to:

Teresa MacPherson
FAX: 703 393 9718 (follow up faxed apps with e-mail notification)
E-mail: tmacusar@yahoo.com (scanned and e-mailed apps preferred)

Space is limited to 12 applicants. Deadline for applications is COB Feb 21, 2012.

Receipt of the application will be confirmed by e-mail.

Acceptance into the evaluation will be confirmed by a separate e-mail.

If space is available, applications will be accepted after the due date to fill any open spots.

There will be a "mock test" on the first day. The second day will be dedicated to certification preparation training.

Applicants are expected to attend the Orientation/Safety Briefing the night before the mock test day. The briefing will be Friday March 23rd at 1800 at Broward Fire Academy located at 2600 SW 71 Terrace, Davie, FL 33314. Applicants are expected to attend the Debriefing immediately following the certification preparation training on the second day.

Transportation to/from the airport, hotel and evaluation site is the responsibility of the candidate.

Airport: Ft. Lauderdale International (FLL)

Lodging: La Quinta –Plantation, 7901 SW 6 Street, Plantation, FL 33324
954-473-9804

- Group rooms will be held until 3/2/2012; please specify “FEMA K9” when making your reservation.

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

Questions may be directed to Capt Craig Radelman, Search Team Coordinator.

786-295-0844

USARK9@miamigov.com

Thank you,

*Asst. Chief Joseph Zahralban
Emergency Manager/UASI Administrator
City of Miami Fire-Rescue
Program Manager
Florida Task Force II
U.S. Dept. of Homeland Security*



FEMA

**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:
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Recert: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Prior Attempts:	Date of FSA:
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Has the Team Taken a CP Within the Last 12 Months? Yes No

Applicant's Personal Information

Name:	Task Force:
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Address:

City:	State:	Zip Code:
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Contact Phone:	Email Address:
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Emergency Contact:	Emergency Contact Phone:
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Canine Information

Name:	Breed:
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DOB:	Date of Rabies Vaccination:
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My dog and I are physically sound and are currently under no restrictions. I understand and accept that the decisions of the evaluators are final. I affirm that I have read, understand and will abide by the DHS/FEMA/US&R Code of Conduct and understand that violation of said rules and Code of Conduct may result in loss of certifications, loss of evaluator status and/or referral to the appropriate authorities. I further affirm that I understand that abuse of the canine is not permitted at any time.

Applicant Signature:	Date:
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The above team is in compliance with the DHS/FEMA policy on aggression, successfully completed a TF administered FSA and is approved to participate in this evaluation.

Task Force Approval

Program Manager/Training Coordinator	Canine Coordinator
_____ (Signature)	_____ (Signature)
_____ (Printed Name)	_____ (Printed Name)
Date:	Date:
Address: _____ _____ _____	Address: _____ _____ _____
Email:	Email:
Phone:	Phone: