



# Certification Prerequisite Checklist



Candidate Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

## General Prerequisites

- |  |  |
|--|--|
| 1. Minimum 18 years of age <input type="checkbox"/>  | 2. High school diploma or GED <input type="checkbox"/>           |
| 3. Basic first aid & CPR course <input type="checkbox"/>   | 4. Hazardous Materials Awareness course <input type="checkbox"/> |
| 5. Candidate's signature below agreeing to the statement regarding physical condition and health. <input type="checkbox"/> |  |

## Specific prerequisites required for each level of certification:

	Level 1 Prerequisites	Level 2 Prerequisites
Rope	General only (above) <input type="checkbox"/>	Rope Level 1 <input type="checkbox"/>
Confined Space	Rope 1 or 1006 Chapter 5 <input type="checkbox"/>	Confined Space Level 1 <input type="checkbox"/>
Trench	Rope 1 or 1006 Chapter 5 <input type="checkbox"/>	Trench Level 1 <input type="checkbox"/>
Structural Collapse	Rope 1 or 1006 Chapter 5 <input type="checkbox"/>	Structural Collapse Level 1 <input type="checkbox"/>

## If the candidate is being sent by an agency (fire department, military, etc.), the agency fills out this section

Agency : \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

The REACT Center requires that any agency sending candidates for training and/or certification provide proof that the candidate(s) possess the required general and specific prerequisites. By signing below, the candidates supervisor attests that the candidate has all of the required prerequisites outlined above.

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach copies of documentation of all of the above required prerequisites to this form upon submission**

"The candidate understands the physical requirements of the certification process, including climbing, heavy lifting, physical exertion, and possible weather extremes. The candidate's assures the REACT center that his/her physical condition and/or underlying medical problems do not prohibit the candidate from successful completion of the certification exam or put the candidate at an undue health risk." Candidate agrees to above statement by signature below.

Candidate Signature: \_\_\_\_\_

Date: \_\_\_\_\_