

MAINE ASSOCIATION FOR SEARCH AND RESCUE

Search Team Leader Certification Standard

Recertification Application Checklist

Applicant's Name: _____ Date: _____

Unit: _____

Check Each
Yes or No

- ___ ___ Request for certification from:
(Check One)
- ___ Individual
 - ___ BASAR or other course instructor
 - ___ Unit officer
- ___ ___ Proof of continuing training - requires one
- ___ Written records proving continued training
 - ___ Proof of completion of requirements in STL Appendix A
- ___ ___ Current certification as Search Team Member
- ___ ___ Current certification in CPR from the Red Cross, American Heart Association, or National Safety Council
- ___ ___ Current certification in Wilderness First Aid or a higher level of wilderness emergency medical training by SOLO, WMA, NOLS, or equal
- ___ ___ Acceptable aerobic fitness evaluation within the past 6 months
- ___ ___ Letter of recommendation from unit officer or course instructor