

MAINE ASSOCIATION FOR SEARCH AND RESCUE

Rescue Team Member Certification Standard

Certification 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
- ___ ___ Current certification as a Search Team Member
- ___ ___ Proof of knowledge and field competency - requires one
(Check One)
- ___ Unit officer(s) have observed that applicant has met all of the requirements of Appendix A of this standard
 - ___ Applicant has completed and passed a MASAR-accepted training course for a rescue team member
- ___ ___ Current certification in CPR from the Red Cross, American Heart Association, or National Safety Council
- ___ ___ Current certification in basic first aid or a higher level of emergency medical training
- ___ ___ Acceptable aerobic fitness evaluation within the past 6 months
- ___ ___ Letter of recommendation from officer of a MASAR-certified unit