

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 recertification from:

Individual

BASAR or other course instructor

Unit officer

Type of recertification requested (select one)

Full recertification (individual capable of performing all skills)

Limited recertification (individual **not capable** of performing **all** skills)

A brief description of skill(s) which individual cannot perform, and why:

Proof of continuing training (one required)

Written records proving continued training

Proof of completion of requirements in STL Appendix A

Current certification as Search Team Member (or equal)

Current certification in CPR from the Red Cross, American Heart Association, National Safety Council, or equal

- ___ ___ Advanced emergency medical certification by SOLO, WMA, NOLS, or equal (one required)
 - ___ Current WFA certification
 - ___ Current WAFA, WFR, WEMT, EMT, or higher certification
- ___ ___ Acceptable aerobic fitness evaluation within the past 6 months
- ___ ___ Proof of maintenance of personal training log (minimum 6 pages)
- ___ ___ Letter of recommendation from unit officer or course instructor