

# Medical Unit Leader Qualified (MEDL Qualified)

Name: \_\_\_\_\_ Home Agency: \_\_\_\_\_

Requesting review by the Qualification Committee on: \_\_\_\_\_  
(DATE)

## SUBMIT THE FOLLOWING DOCUMENTATION:

### Training Certificate:

- EMT Basic or Medic issued by the AZ Department of Health (current)
- ICS-300 Intermediate ICS for Expanding Incidents
- IS-800 NRF: An Introduction
- S-359 Medical Unit Leader

### Fire Experience:

- Fire Experience Logs to show current fire experience

### Position Task Book: Completion and Certification of the MEDL Task Book

- MEDL Cover Sheet
- Final Evaluator/ Agency Certification Page (both signatures required)
- Submit all task book evaluations

- Upload the required documents in IQS or send by email to: [AzRedCards@dfm.az.gov](mailto:AzRedCards@dfm.az.gov)

---

Send an email to [AzRedCards@dfm.az.gov](mailto:AzRedCards@dfm.az.gov) to have your name added to the agenda for the State Committee Meeting. The deadline is posted in the Local News section on the IQSweb login page. Attach your documents in IQS or email them with your request.