AZ-1 TEAM EMPLOYEE EXPECTATIONS

Team employees are expected to complete or participate in the following to assure that as an individual you are deployable and that the team meets evaluation standards set by NDMS. If you have any questions, please contact the listed contact personnel.

- **Credentialing** Complete the NDMS Credentialing requirement online at Credential Smart. Contact person: Bob Kappler kapplerrm@yahoo.com
- **Online Training** Complete the NDMS On-Line Training. Contact person: Sue Philpott Sue.Philpot@orovalleyhospital.com
- **Immunization** Current with ALL required immunizations. Contact person: Caren Prather carentucson@cox.net
- **Team Meetings** Attend 50% of team meetings. Meetings are held six (6) times a year, every other month. Contact person: Sue Philpott Sue.Philpot@orovalleyhospital.com
- **Team Exercises** Participate in one team training exercise per year. Contact person: Sue Philpott Sue.Philpot@orovalleyhospital.com
- **Insignia** (**Uniforms**) Have two complete sets, including green t-shirts and polo shirt. Contact person: Dina Shields shields shieldsdinacat@msn.com
- **Personal Gear** Have required gear for deployment. Contact person: Dina Shields shieldsdinacat@msn.com
- **Personal Contact Information** Updated when any changes occur and reviewed annually. Contact person: Bob Kappler kapplerrm@yahoo.com
- **Medical Information Form** Updated at time of deployment, annually, or if any changes. Contact person: Caren Prather carentucson@cox.net
- **Fitness Standards** Completed annually. Contact person: Caren Prather carentucson@cox.net **Deployment Roster** Roster two times per year. Contact person: Bob Kappler kapplerrm@yahoo.com
- **Licensure** Have current licensure (if position requires) on file. Contact person: Bob Kappler kapplerrm@yahoo.com
- **Team Leadership** Team employees aspiring to apply for positions of greater responsibility on the team need to provide documentation of additional training and experience (minimum IS 300 and 400).

I have read and understand all the ab by the same.	pove stated Team Employee Expect	tations and agree to abide
	Signature	Date