



Agency Requirements for the

Somerset County Credentialing Program

1. An electronic version of the agency or municipal logo may be provided for reproduction on ID cards. Logo must be in JPEG format and not larger than 100K. Agency/municipal logo patch may be provided for reproduction on ID cards if electronic version is unavailable. If logo is not provided, a generic logo will appear on ID cards.
2. Proper agency name shall be provided, along with the physical and mailing addresses for the agency. Name of agency head and contact information for him or her shall be provided.
3. Each agency may provide up to two coordinators to be responsible for handling tasks assigned to the agency for ID card program purposes. Coordinators must be willing to have their identities verified according to Somerset County Credentialing Standard Operating Guidelines, which will be done via "live scan" fingerprinting by the Somerset County Sheriff's Office. Coordinators must have access to agency personnel and training records.



Standard Operating Guidelines for the Credentialing Project

PURPOSE

The purpose of the Credentialing Project is to comply with the New Jersey Attorney General's Directive, "Protocol for Processing and Issuing ID Cards," dated June 6, 2011. The project will bring Somerset County, its municipalities, and its emergency response agencies into compliance with this directive.

The ID card will verify the identity of the holder, one emergency response discipline that the holder is authorized to act in, and the qualifications that the holder meets within that discipline, limited to a maximum of 5 qualifications in addition to the required qualifications. Somerset County may issue ID cards to Somerset County agencies and local agencies within Somerset County that will meet the mandate of the directive cited above.

DISCIPLINES

Disciplines that may be issued ID cards are police, fire service, emergency medical service, emergency management, hazmat teams, public works, community emergency response teams, and community animal response teams.

If an applicant is a member of more than one discipline, e.g. both fireman and police officer, applicant will receive one card for each discipline. Each involved agency is responsible for the application and supporting documentation that pertains to it. If applicant is a member of multiple agencies of same discipline, e.g. fireman in two or more agencies, applicant will receive one card for each agency that he meets qualifications for.

Members of agencies and municipalities who serve in ceremonial, honorary, or similar positions who are not first responders or emergency response officials are not entitled to cards.

DATA ENTRY

Municipalities will be required to execute a Memorandum of Understanding with Somerset County via a county resolution to establish agreement and cooperation with Somerset County guidelines for issuance of ID cards. First responder agencies within municipalities must comply with said Memorandum of Understanding. Municipalities will designate at least one person and may designate up to two persons to be responsible for coordination between their municipality and all of its agencies and County Credentialing Project personnel. Additionally, it is recommended that municipalities identify coordinators within each discipline/station to manage the project for that particular discipline's or station's personnel. For security of personal information and security of the ID card system, all persons, with the exception of active career police officers, designated as coordinators will be required to have background checks performed by Somerset County. Background checks performed by Somerset County will consist of electronic fingerprinting done by Somerset County Sheriff's Office. Results from this fingerprinting will be evaluated by supervisors of Somerset County Credentialing Project personnel according to standards

established by Somerset County policy. Further, all designated persons will be required to sign a Memorandum of Understanding, provided by Somerset County, regarding the agency coordinator duties. Somerset County Credentialing Project personnel will provide application forms, guidelines, and directions. Somerset County Credentialing Project personnel or their county supervisors reserve the right to reject from consideration any person seeking to be designated as an agency coordinator or remove any person from the position of agency coordinator at their discretion.

TRAINING

Somerset County Credentialing Project personnel will provide training to all designated coordinators at mutually acceptable times and locations in order to accommodate all persons involved.

APPLICATIONS

Agencies and municipalities will use the application form provided by Somerset County Credentialing Project personnel. No substitute forms will be accepted. An individual applicant for an ID card within each agency and municipality will complete the application, sign it to verify its accuracy, and present it to the agency coordinator. Each agency coordinator will then be responsible for verifying the accuracy of the information on the application by comparison with agency records and verifying the identity of the individual applicant, according to his or her agency or municipal standards. Supporting training documentation, along with the originally signed application, must ultimately be on file in a *secured* location at the agency and available for review upon request of Somerset County Credentialing personnel or their county supervisors or at the time of a scheduled audit by Somerset County Credentialing personnel or their county supervisors.

Once the coordinator is satisfied that the application is accurate in all respects and that the identity of the applicant is verified according to applicable standards, the coordinator will sign the application. The coordinator will then present the application to the agency head. The agency head will also verify the accuracy of the information contained on the application and sign the application to verify its accuracy. After the agency head has verified and signed the application, it shall be returned to the agency coordinator. The agency coordinator is the final authority on whether or not an application is accurate and acceptable to be forwarded to County personnel for consideration for issuance of an ID card.

CARD PRODUCTION

When an agency coordinator has an appropriate number of applications approved, he or she shall contact Somerset County Credentialing Project personnel to arrange for delivery of applications to the County. Once County personnel have entered the applications into the County database, the County personnel will contact the agency coordinator for appointment for applicants to come to the Somerset County Credentialing Project facility for applicants' photographing, signature recording, thumbprint recording, and ID card issuance.

On arrival at the Somerset County facility at the appointed date and time, applicant must present his or her valid picture New Jersey Driver's License. Somerset County Credentialing Project personnel will cross reference the NJDL and with the data entered into the database from the application. Upon satisfactory review of all information, Somerset County Credentialing Project personnel will photograph the applicant, electronically obtain the applicant's thumbprint, electronically obtain the applicant's signature, and issue an ID card. An applicant who chooses not to provide a signature, photograph, or thumbprint will be denied issuance of an ID card. The original copy of the application will then be returned to the applicant for the applicant to return it to the agency coordinator. Upon return of the

application to the agency coordinator, the agency coordinator will file the application in a *secured* location within the agency. Applications must be permanently stored in a *secured* location, available for subsequent review or audit by Somerset County Credentialing Project personnel or their county supervisors. Somerset County Credentialing personnel or their county supervisors may request and schedule a review or audit of an agency's credentialing records at the discretion of Project personnel, in order to verify compliance with these guidelines. Agencies shall comply with such requests.

CARD CHARACTERISTICS

Cards will be issued in vertical orientation only. Agency coordinator(s) may submit a logo picture (no larger than 100K) via e-mail to County Credentialing Personnel in JPEG format. Agency coordinator(s) may submit an agency patch instead of a JPEG format picture to be used as a logo. If an agency prefers not to submit a logo, then a generic logo will appear on their ID cards.

One card will be issued to each approved applicant. Agencies seeking more than one card per approved applicant may do so via written request and justification to Credentialing Project supervisors, who will make decisions on a case by case basis. Costs may be assessed by Project supervisors to the requesting agencies.

Agency rank will not be indicated on the ID card. The cards are designed to implement the ICS/NIMS concept of position-specific needs for a large scale emergency.

LOST OR STOLEN CARDS

Lost or stolen cards require immediate notification by the card holder to his or her agency coordinator, who then must immediately notify, via phone or e-mail, the Somerset County Credentialing personnel so that affected cards can be deactivated in a timely manner. Lost or stolen cards require a police report to be obtained by the card holder and provided to his or her agency coordinator. The police report must subsequently be provided to Somerset County Credentialing personnel within 10 days of discovery of loss or theft. The affected card holder will be required to obtain a signed verification report from the agency coordinator, which will require a signature from the agency head, in order for a replacement card to be issued. The affected card holder must present the signed verification report and a valid picture NJ driver's license when coming for the issuance of a replacement card. Appointment for issuance of a replacement card shall be made by the agency coordinator. Upon satisfactory review of the presented documentation by Somerset County Credentialing personnel, a replacement card will be issued. Once the card is issued, the police report and the verification report will be returned to the card holder to return to his or her agency coordinator. Costs for replacement cards may be assessed by Project supervisors to those receiving replacement cards.

TECHNICAL ISSUES

Problems with the application system will be reported to and addressed by Somerset County Credentialing Project personnel. Agencies and municipalities are not authorized to attempt to correct any problem or issue with the system or the Project in general.

DEACTIVATION OF CARDS

Lost or stolen cards will be deactivated as described above. Card holders who, for any reason, cease to be members of agencies or who no longer meet the qualification standards set for their applicable disciplines shall return ID cards to their agencies immediately upon cessation of membership or failure to meet qualification standards. Agencies may issue notice, direction, request, or order to any member for immediate return of cards for cause, including any misuse of cards. Agencies are responsible for the

physical collection of such affected cards. Agencies are responsible for immediate notification, via phone or e-mail, to Somerset County Credentialing Project personnel so that affected cards can be deactivated in a timely manner. A written verification report, signed by the agency head and the agency coordinator, must be provided to Somerset County Credentialing project personnel within 10 days of the phone or e-mail notification described above. Agencies are also fully responsible for monitoring the membership status and the qualification status of its card holders and recovering cards from those holders who no longer are entitled to possession of cards.

UPDATING OF CARDS FOR VOLUNTEERS

Significant changes in card holders' training allow card holders to apply for new cards to be issued at the discretion of Somerset County Credentialing Project personnel, based on degree of significance of change. Application process for updating cards is the same process as for initial cards. If new, updated cards are issued, old cards will be collected by Somerset County Credentialing Project personnel at the time of issuance of the updated cards or updated cards will not be issued. Costs for updated cards may be assessed by Project supervisors to those receiving updated cards.

DEPLOYMENTS

In the event that a deployment is arranged by appropriate authority, those involved individuals will have their cards reviewed by Somerset County Office of Emergency Management for accuracy.

EXTRAORDINARY CIRCUMSTANCES

Any circumstance not covered specifically in these guidelines shall be addressed by Somerset County Credentialing Project personnel or their county supervisors and resolved by them in the best interests of the Credentialing Project. Any misuse of cards will result in revocation and deactivation of cards by Somerset County Credentialing Project personnel

VARIATION OF GUIDELINES

Somerset County Credentialing Project personnel or their county supervisors may suspend any guideline or part of any guideline in the best interests of the Project. Guidelines may be modified or added at the discretion of Project personnel or their county supervisors in the best interests of the Project.

April 25, 2017



Live Scan Information for

Agency Coordinators

Appointments for Live Scan fingerprinting may be made by contacting Mr. Robert McCarthy of the Somerset County Sheriff's Office, Bureau of Criminal Identification. Phone number: 908-231-7136. Email: mccarthy@co.somerset.nj.us

Following this page is a two-page form that you must take with you to the Live Scan appointment. Do not fill in the form on your computer screen. Print both pages of the form out and then fill them in by hand. Take the two-page form with you to the Live Scan appointment.

It is estimated that the entire process takes about 10 minutes. Appointments are available during evening hours, to be confirmed when you call Mr. McCarthy's office. Other times may be able to be worked out with Mr. McCarthy and his staff.

Once you have completed the process, you must advise County Credentialing personnel by phone or email. The results of the Live Scan process will be provided directly to County Credentialing personnel by the Sheriff's Office personnel.



Somerset County Sheriff's Office

P.O. Box 3000 • Somerville, New Jersey 08876-1262

www.co.somerset.nj.us/sheriff

- BUREAU OF CRIMINAL IDENTIFICATION -

Phone: 908-231-7137

Fax: 908-704-0671



Darrin J. Russo
SHERIFF
908-231-7140

Robert McCarthy
DIRECTOR
908-231-7136

Application for Background Check

A **copy** of your *driver's license* and *social security card* will be made upon completion of this form.
(Una **copia** de su *licencia* I carta de *seguro social* se va aser cuando termina la forma).

Today's Date: _____ Home Phone: (____) _____ - _____
(Fecha) (teléfono de casa)

Name: _____ Cell Phone: (____) _____ - _____
(Su nombre) (teléfono celular)

Address: _____
(Donde Vive)

Birth Place: _____ D.O.B.: _____
(Lugar de nacimiento) (Fecha de nacimiento)

Social Security #: _____ - _____ - _____ Driver's License #: _____
(Numero de seguro) (Numero de su licencia)

Position Applied For: _____ Name of Company Applying with: _____
(Que tipo de trabajo estas aplicando) (El nombre de la comania que estas aplicando)

Gender: _____ Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
(género) (raza) (altura) (peso) (color de pelo) (color de ojos)

Marital Status: _____ County Contact: _____
(Casado, Soltero, Divorciado) (Contacto con el condado)

Current Employer/Address: _____
(El Nombre y Direccion dela compania de la compania que estas travajandro ahora)

Occupation: _____ (Applying for) Cty Employment: ___ Contractor: ___ Intern: ___ Vol: ___
(Ocupacion)

DO NOT WRITE BELOW THIS LINE - FOR SHERIFF'S OFFICE USE ONLY

SBI: ___ FBI: ___ NCIC: ___ ATS: ___ ACS: ___ P/P: ___ PROM/GRV: ___ CCIS: ___ BCI: ___ Megan's Law: ___

*DMV Abstract (Police Only): _____ *DV: _____ *JUV: _____ *Firearms: _____

BACKGROUND APPROVED BY: _____ BCI OFFICER: _____

Arrests/Convictions: _____

(*Law Enforcement Only)

Revised 9-22-2020



Somerset County Sheriff's Office

P.O. Box 3000 • Somerville, New Jersey 08876-1262

www.co.somerset.nj.us/sheriff

- BUREAU OF CRIMINAL IDENTIFICATION -

Phone: 908-231-7137

Fax: 908-704-0671



Darrin J. Russo
SHERIFF
908-231-7140

Authorization for Background Check

Robert McCarthy
DIRECTOR
908-231-7136

(Name) (Date of Birth)

_____, _____, _____
(Address) (City) (State) (Zip Code)

(_____) _____ - _____ - _____
(Telephone Number) (Social Security Number)

By my signature below, I hereby authorize any representative of the Somerset County Sheriff's Office, access and release of all Federal, State, and Local records pertaining to my Criminal History. I also agree to a Motor Vehicle Records Check Police (**Police applicants only**) and submittal to being fingerprinted and photographed by the Bureau of Criminal Identification.

I understand that the information released is for official use by the Somerset County Sheriff's Office only, to determine my suitability to work within the confines of the Somerset County Complex and any other buildings or properties owned or run by the county of Somerset.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state for federal laws.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used in accordance with the Somerset County Sheriff's Office procedures.

You must present two forms of personal identification from the list below. One form must have your photograph on the identification. Approved identifications are:

- Your Driver's License
- Your Social Security Card
- Your Birth Certificate
- Your Passport

Signature: _____

Date: _____

Parent or Guardian Signature (If Applicable):

Revised 9-22-2020

Parent or Guardian Date: _____



COUNTY OF SOMERSET

Credentialing Project

Memorandum of Understanding

I have read and understand the County of Somerset's "Information for Agency Coordinators" and "Standard Operating Guidelines for the Credentialing Project" and hereby agree to abide by all of the conditions contained therein. I further understand that all electronic communications and all information sent by, received from, or stored on or for the Credentialing Project systems are considered to be the property of the County of Somerset. I further understand that my viewing, transmitting, receiving, downloading, or storing of collected information for or through these systems is subject to review and disclosure at the discretion of the County of Somerset. I further understand that any intentional or negligent misuse of the Credentialing Project systems or information gathered for use on the systems or contained on the systems may subject me to the termination of my Agency Coordinator duties, termination of my access rights to the systems, termination of my access rights to all information related to the systems, and civil and criminal penalties.

Printed Name

Signature

Date

Print, sign, and return to Credentialing Office address found on home page



Agency Coordinator Acknowledgement of Documents

By my signature below, I acknowledge that I have access to, have reviewed, and understand the following list of documents that are available on the Somerset County OEM website, regarding the Somerset County Credentialing Project.

The Standard Operating Guidelines for the Project (4 pages)

The Information Sheet for Agency Coordinators (2 pages)

The Memorandum of Understanding for the Credentialing Project (1 page)

SIGNATURE

PRINT NAME

DATE

Print, sign, and return to Credentialing Office address found on home page

RESOLUTION AUTHORIZING THE SOMERSET COUNTY NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) COMMITTEE TO FACILITATE IMPLEMENTATION AND COORDINATE THE NIMS PROGRAM FOR THE COUNTY OF SOMERSET

WHEREAS, on February 28, 2003, the President of the United States, issued Homeland Security Presidential Directive (HSPD)-5 that directed the Department of Homeland Security, in cooperation with representatives of federal, state, and local government, to develop a National Incident Management System (NIMS) to provide a consistent approach to the effective management of situations involving natural disasters, man-made disasters or terrorism. Further, this directive will enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system. The HSPD-5 requires that state and local governments adopt the NIMS as a pre-condition to the receipt of federal grants, and other activities related to the management and preparedness for certain disaster and hazards situations; and

WHEREAS, on August 5, 2003, the Governor of the State of New Jersey issued Executive Order #50 requiring counties and municipalities to adopt the NIMS standards; and

WHEREAS, on April 4, 2006, the County of Somerset issued Resolution 06-243 authorizing the Somerset County Office of Emergency Management to oversee the National Incident Management System (NIMS) Program for Somerset County. The Board of Chosen Freeholders of the County of Somerset direct appropriate department heads to adopt HSPD-5 and New Jersey Executive Order #50 and modify internal operating guidelines and standards including by-laws and to train emergency responders and staff and command to the NIMS standard as appropriate; and

WHEREAS, as of April 28, 2015, all Somerset County municipalities have adopted an ordinance accepting NIMS as the management system for emergency incidents; and

WHEREAS, the Incident Command System, a component of NIMS dictates positions, titles, and responsibilities of first responders; and

WHEREAS, all Somerset County entry level first responders, including fire service personnel, police officers, emergency medical services providers, public works on-scene personnel, public health on-scene personnel and other emergency responders, and other emergency personnel require an introduction to the basic components of the ICS, to the ICS-100: Introduction to ICS level and IS-700: National Incident Management System (NIMS) An Introduction; and

WHEREAS, all Somerset County first line supervisors/managers, single resource leaders, lead dispatchers, field supervisors, company officers and entry level positions (trainees) on Incident Management Teams and other emergency personnel require a higher level of ICS training to the ICS-200: Basic ICS Basic level; and

WHEREAS, all Somerset County middle management, strike team leaders, task force leaders, unit leaders, division/group supervisors, branch directors, Incident Command Post/Unified Command Post officials and Multi-Agency Coordination System/Emergency Operations Center officials require a higher level of ICS training to the ICS-300: Intermediate ICS level; and

WHEREAS, all Somerset County command and general staff, agency administrators and department heads with on-scene incident management responsibilities, emergency managers, area commanders and Multi-Agency Coordination System/Emergency Operations Center managers require advanced level of ICS training to the ICS-400: Advanced ICS level and IS-800: National Response Framework, An Introduction; and

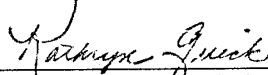
WHEREAS, all Somerset County elected officials, senior executives, senior managers and agency administrators with policy responsibilities, but without specific ICS or Multi-Agency Coordination System function/roles or responsibilities require the ICS-402: ICS Summary for Executives course; and

WHEREAS, the Somerset County National Incident Management System (NIMS) Committee (consisting of representation from various emergency response disciplines including the fire service, emergency medical services, law enforcement and emergency management), has been established through the Somerset County Office of Emergency Management to oversee the NIMS program to ensure that jurisdictions within the County that are involved in any stage of an incident are compliant with the NIMS standards set forth by the Homeland Security Presidential Directive (HSPD)-5 and New Jersey Executive Order #50.

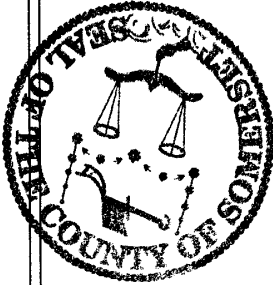
NOW, THEREFORE, BE IT RESOLVED, that the Director and the Deputy Clerk of the Board of Chosen Freeholders of the County of Somerset are hereby authorized to appoint the Somerset County NIMS Committee as the authorized agent to facilitate implementation and coordinate the NIMS Program for the County of Somerset.

This Resolution shall take effect immediately upon passage.

I, Kathryn Quick, Deputy Clerk of the Board of Chosen Freeholders of the County of Somerset in the State of New Jersey, do hereby certify that the foregoing is a true copy of a Resolution adopted by said Board of Chosen Freeholders at its regularly convened meeting of May 26, 2015.



Kathryn Quick, Deputy Clerk of the Board



Approved as to Form and Legality
Somerset County Counsel

By: 