

## **Basic Rostering and Credentialing Example (created by the ERHMS™ Workgroup)**

| Data Type             | Category                            | Data Element              |
|-----------------------|-------------------------------------|---------------------------|
| <b>Rostering Info</b> | rmation                             |                           |
|                       | Name                                | Prefix                    |
|                       |                                     | First Name                |
|                       |                                     | Middle Initial            |
|                       |                                     | Last Name                 |
|                       |                                     | Suffix                    |
|                       |                                     | Alias                     |
|                       | Residence                           | Legal Residence Line 1    |
|                       |                                     | Legal Residence Line 2    |
|                       |                                     | City                      |
|                       |                                     | State                     |
|                       |                                     | Zip Code                  |
|                       | E-mail                              | Primary E-mail            |
|                       | Telephone                           | Primary Telephone Number  |
|                       | Personal Attributes                 | Birth Date                |
|                       |                                     | Sex                       |
|                       |                                     | Height                    |
|                       |                                     | Weight                    |
|                       |                                     | Languages Spoken Fluently |
|                       | Name of Contact who will know where |                           |
|                       | you are in 6 months                 | Prefix                    |
|                       |                                     | First Name                |
|                       |                                     | Middle Initial            |
|                       |                                     | Last Name                 |
|                       |                                     | Suffix                    |
|                       |                                     | Alias                     |
|                       | Contact's Residence                 | Legal Residence Line 1    |
|                       |                                     | Legal Residence Line 2    |
|                       |                                     | City                      |
|                       |                                     | State                     |
|                       |                                     | Zip Code                  |
|                       | Unique ID Number                    | Unique ID Number          |
|                       | Travel Documents                    | Passport Number           |
|                       | Union Information                   | Union Name                |
|                       |                                     | Local Union Number        |



| Response                  | Outputies Dataile                       | Employer vs. Volunteer Organization   |
|---------------------------|---|---|
| Organization              | Organization Details                    | (Indicate Which)  |
|                           |   | Name and Address  |
|                           |   | Contact Person's Name and Telephone<br>Number   |
|                           |   |   |
| Data Tuna                 | Catagory                                | Data Element  |
| Data Type                 | Category                                | Data Element  |
| Credentialing Information |   |   |
|                           |   | List of licenses and certifications with  |
|                           | Professional Licenses and Certification | application to emergency response   |
|                           | Professional Training                   | List of successfully completed training courses with application to emergency response (may be obtained from prior ERHMS section on training) |
|                           | Professional Education                  | List of educational courses with application to emergency response (may be obtained from prior ERHMS section on training)                     |
|                           | Relevant Work Experience                | Industry  |
|                           |   | Occupation  |
|                           |   | Job Task  |
|                           |   | Number of Years   |
| Assigned Credential Level | Assigned Credential Level               | The credential level assigned by the administrator after verification of the relevant information. (Example: Verified vs. Un-verified)        |