



**IL TELECOMMUNICATOR EMERGENCY  
RESPONSE TASKFORCE**

**We Are Ready!**

**PSAP to PSAP Training Verification**

TERT Agency	
TERT Agency Coordinator	
TERT Agency Trainer	
TERT Member	
TERT Member's Agency	
DATE of PSAP to PSAP training	
Time arrived	
Time left	
Total number of hours	

**Verification of PSAP to PSAP Training**

I, \_\_\_\_\_ have verified Illinois

TERT Team Member \_\_\_\_\_ has

successfully completed four (4) hours of PSAP to PSAP training and  
has completed all items on the check list.

Completed forms should be faxed to 630-260-1309 or email to [iltert@ducomm.org](mailto:iltert@ducomm.org)