



Request to Conduct NIMS ICS Training Class

All agencies desiring to offer All-Hazards Position Specific or the NIMS ICS Train-the-Trainer Curricula classes in their jurisdiction will route requests to their respective emergency Management State Training Officer via this completed form.

No classes will receive credit or EMI Certificates of Completion unless this form is completed, transmitted to the State Training Officer (STO), Tribal Training Officer (TTO) or Federal training management lead, and then forwarded to the Training Specialist/Course Manager for processing.

Completed request forms must be transmitted to EMI at least 45 days prior to the class start date.

Course to be delivered (Only one course request per form):

Select Course Code Course Title

Select	Course Code	Course Title
	L0949	Communications Unit Leader TtT (Must be coordinated with SWIC)
	L0950	Incident Commander
	L0951	Incident Commander TtT
	L0952	Public Information Officer
	L0953	Public Information Officer TtT
	L0954	Safety Officer
	L0955	Safety Officer TtT
	L0956	Liaison Officer
	L0957	Liaison Officer TtT
	L0958	Operations Section Chief
	L0959	Operations Section Chief TtT
	L0960	Division/Group Supervisor
	L0962	Planning Section Chief
	L0963	Planning Section Chief TtT
	L0964	Situation Unit Leader
	L0965	Resource Unit Leader
	L0967	Logistics Section Chief
	L0968	Logistics Section Chief TtT
	L0969	Communications Unit Leader (Must be coordinated with SWIC)
	L0970	Supply Unit Leader
	L0971	Facilities Unit Leader
	L0973	Finance/Administration Section Chief
	L0974	Finance/Administration Section Chief TtT
	L0975	Finance/Administration Unit Leader
	L0978	Situation Unit Leader TtT
	L0984	Task Force/Strike Team Leader
	L0986	Air Support Group Supervisor

Select	Course Code	Course Title
	L0987	Introduction to Air Operations
	L0988	Air Group Supervisor TtT
	L0989	Introduction to Air Operations TtT
	L0449	ICS Train the Trainer Curricula

Point of Contact:

-Name:

-Email Address:

-Phone Number:

Projected Number Students:

Instructor (Lead):

Instructor (Support):

Instructor (Support):

Scheduled Class Dates

-Class Start Date:

-Class End Date:

-Course Length:

Class Location (City, State):

Mailing address for delivery of Course Evaluation forms:

Note: Save the file using the following naming convention:
CourseCodeCitySTMonYr.pdf (Example: L0950DenverCOsep18.pdf)

Transmit via Email to:

Dave Reisen

Nebraska State Training Officer

dave.reisen@nebraska.gov

402-471-7177



Good Life. Great Strength.

TRAINING REQUEST FORM

REQUESTING AGENCY: _____ REQUEST DATE: _____

COURSE BEING REQUESTED: _____

- IF THIS IS AN ALL HAZARD POSITION SPECIFIC COURSE
PLEASE COMPLETE AND ATTACH THIS FORM ALSO:

AGENCY/ORGANIZATION CONDUCTING THE TRAINING: _____

PHYSICAL ADDRESS WHERE THE COURSE WILL BE DELIVERED:

DATES BEING REQUESTED FOR COURSE DELIVERY: _____

MINIMUM # OF ATTENDEES = 12 MAXIMUM # OF ATTENDEES: _____

REQUESTOR/LOCAL POINT OF CONTACT:

NAME: _____

ADDRESS: _____

STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

FUNDING SOURCE: _____

IS THIS COURSE BEING REQUESTED IDENTIFIED IN YOUR MULTI-YEAR TRAINING AND EXERCISE PLAN?

YES ___ NO ___