



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

Select	Course Code	Course Title
<input type="checkbox"/>	L0986	Air Support Group Supervisor
<input type="checkbox"/>	L0987	Introduction to Air Operations
<input type="checkbox"/>	L0988	Air Group Supervisor TtT
<input type="checkbox"/>	L0989	Introduction to Air Operations TtT
<input type="checkbox"/>	L0449	ICS Train the Trainer Curricula

Point of Contact:

- Name: _____
- Email Address: _____
- Phone number: _____

Projected Number of 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:

- Street Address: _____
- City: _____
- State: _____
- Zip: _____

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

Transmit via Email to:
 Robert C. Patrick
 Training Specialist/Course Manager
 robert.patrick@fema.dhs.gov
 (301) 447-1297