



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

In conjunction w/ the Chelan County EMD

Training Announcement I-300 INTERMEDIATE ICS: ICS for Supervisors and Expanding Incidents

Nominations due November 12, 2010

Minimum number of students: 15

Maximum number of students: 30

This course provides description and detail of the Incident Command System (ICS) organization and operations in supervisory roles on expanding or Type 3 incidents. Topics include ICS fundamentals review, incident/event assessment and agency guidance in establishing incident objectives, Unified Command, incident resource management, planning process, demobilization, transfer of command, and close out.

- Objectives:**
- Describe how the National Incident Management System (NIMS) Command and Management component supports the management of expanding incidents.
 - Describe the incident/event management process for supervisors and expanding incidents as prescribed by the Incident Command System (ICS).
 - Implement the incident management process on a simulated Type 3 incident.
 - Develop an Incident Action Plan (IAP) for a simulated incident.

DATES OF CLASSES: Nov. 29th to Dec 1st 2010

PREREQUISITES: I-200 Basic ICS for Single Resources and Initial Action Incidents

TARGET GROUP: Type 3 Incident Management Team (IMT) candidates, incident middle management (Unit Leaders, Division/Group Supervisors, and Strike Team Leaders), elected officials, line officers, lead dispatchers, Multi-agency Coordination (MAC) members, director heads (public works director, fire chief, sheriff), emergency managers, agency representatives.

LOCATION: Wenatchee, WA – Oka-Wen NF Supervisors Office, 215 Melody Ln

COURSE COORDINATORS:

Jason Heinz
Okanogan-Wenatchee NF
215 Melody Lane
Wenatchee, WA 98801
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Mail, e-mail or FAX registrations to: Jason Heinz

NWCG INTERAGENCY TRAINING NOMINATION
AND
AGREEMENT TO COLLECT FUNDS

INSTRUCTIONS: Complete Part I. Complete PART II only if there are charges for the training.

Part I TRAINING NOMINATION

Course Number I-300	Course Name Intermediate ICS, ICS for Supervisors and Expanding Incidents	PRIORITY ____ of ____
IQCS Session Number	Course Location Oka-Wen NF Supervisors Office 215 Melody Ln Wenatchee, WA	Course Date(s) Nov 29th to Dec 1st 2010
Course Tuition (if required)	Course Coordinator Name (First Last) Jason Heinz	Course Coordinator Phone Number 509-664-9235
Course Coordinator E-Mail jheinz@fs.fed.us	Course Coordinator FAX Number 509-664-9284	Date Submitted
Employee's IQCS ID Number:		
Nominee's Name (First MI Last)		
Working Job Title		E-Mail
Agency Name		Fax
Home Unit	Nominee's Mailing Address (if different)	
Street	Street	
City	State	City State
Zip	Telephone	Zip Telephone
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		