



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

In conjunction w/ the Chelan County EMD

**Training Announcement
I-400 ICS Advanced, Command and General Staff & Complex
Incidents**

Nominations due November 12, 2010

Minimum number of students: 15

Maximum number of students: 30

This course directs towards an operational understanding of large single-agency and complex multi-agency/multi-jurisdictional incident responses. Topics include fundamentals review for command and general staff, major and/or complex incident/event management, area Command, and multi-agency coordination.

- Objectives:**
- **Identify the incident management process of command and general staff functions during complex incidents as prescribed by the Incident Command System.**
 - **Describe implementation of the incident management process on a complex incident.**
 - **Describe the management and coordination process during multiple incidents.**

DATES OF CLASSES: Dec 1st to Dec 3rd 2010

PREREQUISITES: I-300 Intermediate ICS

TARGET GROUP: Senior personnel expected to perform in a management capacity in an area command/complex incident environment.

LOCATION: Wenatchee, WA – Chelan County Fire District 1, 206 Easy Street

COURSE COORDINATOR:

Jason Heinz
215 Melody Lane
Okanogan-Wenatchee NF
Wenatchee, WA 98801
509-664-9235
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jheinz@fs.fed.us

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-400	Course Name Advanced ICS: ICS for Command and General Staff and Complex Incidents	PRIORITY ____ of ____
IQCS Session Number	Course Location Oka-Wen NF Supervisors Office 215 Melody Ln Wenatchee, WA	Course Date(s) Dec 1st to Dec 3rd 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:		