



EASTERN WASHINGTON INTERAGENCY TRAINING GROUP
REGION NINE FIRE COUNCIL
IN COOPERATION WITH
WA DEPT OF NATURAL RESOURCES

M-410 FACILITATIVE INSTRUCTOR TRAINING

March 10 – 14, 2008
Spokane Fire Department Training Center
1618 N Rebecca St.
Spokane WA, 99215

Lead Instructor: Joel Rogauskas
Course Coordinator: Bob Ladd (509-926-6699)
Nominations Due: By January 25, 2008
Selection Notification: By February 1, 2008

COURSE DESCRIPTION:

This training course is designed to prepare instructors for course delivery and coordination. Although originally designed for fire instructors, this course is a planned update to previous DNR Train-the-Trainer courses and will meet the needs of all agency instructors and course coordinators.

M-410 or an equivalent 32-hour facilitative instructor course is required training for lead instructors of 200-500 level National Wildfire Coordination Group (NWCG) courses, and required training for unit instructors of 300-500 level NWCG courses.

TARGET AUDIENCE:

- Unit and lead instructors for NWCG training courses.
- Instructors for other fire training courses.

COURSE PREREQUISITES:

None.

COST:

\$60

NOMINATION PROCEDURE:

Complete the attached nomination form and submit to Bob Ladd by January 25, 2008. Electronic nomination forms are preferred. Applicants must have supervisor approval prior to application submission.

COURSE COORDINATOR:

Bob Ladd; Training Division Chief; Spokane County Fire District 8
(509)926-6699; fax (509)924-8358; rladd@scfd8.org

NWCG INTERAGENCY TRAINING NOMINATION

TRAINING NOMINATION

Course Number M-410	Course Name FACILITATIVE INSTRUCTOR	PRIORITY ____ of ____
Course Date(s) Mar 10-14, 2008	Course Location Spokane Fire Department Training Center Spokane WA	Course Tuition (if required) \$60
Course Coordinator Name (First Last) Bob Ladd		Coordinator Phone (Voice/Fax) 509-926-6699/509-924-8358
		Coordinator E-Mail rladd@scfd8.org
Nominee's Name (First MI Last)		Date Submitted
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:		

