



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

S-203 Introduction to Incident Information

Nominations due March 14th, 2008

Minimum number of students: 15

Maximum number of students: 25

COURSE DESCRIPTION: This course provides students with the knowledge and skills they need to serve as public information officers (PIOF). It touches on virtually all aspects of establishing and maintaining an incident information operation, communicating with internal and external audiences, to handling special situations. The format of the course is lecture and exercise, with a final simulation.

OBJECTIVES:

- ▶ Describe the role, duties, and responsibilities of a public information officer (PIOF) in incident management and the overall incident organization.
- ▶ Describe the kinds and sources of information incident information officers need.
- ▶ Describe the interests and needs of, the gathering and distribution of information for, and the importance of communication with the news media, communities, internal audiences, cooperators, and other key audiences.
- ▶ Prepare for, coordinate, and give effective media interviews.
- ▶ Describe handling of situations requiring special attention.

DATE(S) OF CLASSES: April 1-4, 2008

PREREQUISITES: NONE

LOCATION: Spokane Co. FD #3
10 S. Presley Dr., Cheney , WA 99004

LEAD INSTRUCTOR: Dale Warriner, IOF2

COURSE COORDINATOR: Tammi Ellerbroek
WA Dept. of Natural Resources, NE Region
(509) 684-7474

Mail or FAX registrations to: Tammi Ellerbroek
WA DNR-NE Region
PO BOX 190
Colville, WA 99114
FAX (509) 684-7484



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

NWCG INTERAGENCY TRAINING NOMINATION

Part I TRAINING NOMINATION

Course Number S-203	Course Name Introduction to Incident Information	PRIORITY ____ of ____
IQCS Session Number	Course Location Cheney, WA	Course Date(s) April 1-4, 2008
Course Tuition (if required)	Course Coordinator Name (First Last) Tammi Ellerbroek	Course Coordinator Phone Number 509-684-7474
Course Coordinator E-Mail tammi.ellerbroek@dnr.wa.gov	Course Coordinator FAX Number 509-684-7484	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:		