



## **EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

# **Training Announcement S-339; Division/Group Supervisor**

**Nominations due February 26, 2010**

**Minimum number of students: 10**

**Maximum number of students: 25**

This course prepares students to perform in the role of division/group supervisor. It provides instruction in support of the specific tasks of the division/group supervisor, but will not instruct students in general management/supervision or in the incident command system (ICS), both of which the student should learn through prerequisite work. Topics include division/group management, organizational interaction, division operations, all-hazard operations, and tactical decision games (optional). There is a final examination in this course.

**DATES OF CLASSES:**

March 23-25, 0800-1700 each day

**PREREQUISITES:**

Qualified as a task force leader (TFLD) **OR** qualified as an incident commander type 3 (ICT3) **OR** qualified as an incident commander type 4 (ICT4) and in any two strike team leader positions (one must be STCR or STEN).

**TARGET GROUP:**

Personnel desiring to be qualified as a division/group supervisor (DIVS).

**LOCATION:**

Spokane County Fire District #9 Training Center  
3801 E Farwell, Mead WA 99021

**LEAD INSTRUCTOR:**

Ed Lewis, Spokane County Fire District #4

**COURSE COORDINATOR:**

Jack Cates, Spokane County Fire District #9

**Mail, e-mail or FAX registrations to:**



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Course Number S-339		Course Name Division/Group Supervisor		PRIORITY ____ of ____	
IQCS Session Number		Course Location SCFD9 Training Center, 3801 E Farwell, Mead WA		Course Date(s) March 23-25	
Course Tuition (if required) 20.00		Course Coordinator Name (First Last) Jack Cates		Course Coordinator Phone Number 509-466-4602 ext 902	
Course Coordinator E-Mail <a href="mailto:jcates@scfd9.org">jcates@scfd9.org</a>		Course Coordinator FAX Number 509-466-4698		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:					