



## **EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

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

**Nominations due March 1, 2011**

**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 29-31, 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 ____
<b>IQCS Session Number</b>	Course Location SCFD9 Training Center, 3801 E Farwell, Mead WA	Course Date(s) March 29-31
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
<b>Employee's IQCS ID Number:</b>		
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:		