

**INCIDENT MEDICAL SPECIALIST (IMS)
New and Returning candidate application**

Date(s) April 23-27, 2012 Note: all 5 days may not be needed	Total Hours About 40	Location Best Western Hood River Inn Hood River, OR
---	--------------------------------	--

DESCRIPTION

This course is designed to train new candidates as well as refresh currently qualified Incident Medical Specialist personnel. Content includes: Over the Counter medication use, Clinical Protocols, and Procedures, Medical Emergencies on Incidents, Equipment, Preventative Care, and Social/Cultural Concerns.

OBJECTIVES

Train EMTs, RNs and other health care professionals to work in and/or manage an Incident Medical Unit.

PREREQUISITES

All **NEW** candidates to the program need to respond to **all items** below, submitting a completed application and providing dates and photocopies of course completion, certifications, etc. AD candidates must have a sponsoring agency.

Returning candidates need only provide a copy of their redcard, current vaccinations, and copy of current EMT or higher certification and pages 3-5 of this document.

1. Basic Fire Suppression Orientation S-110/130
2. Basic Fire Behavior S-190
3. Introduction to ICS I-100 self study
4. Basic ICS I-200
5. Documentation of Hepatitis B vaccination status or a signed HBV Shot Declination form
6. Current Red Card
7. Current Emergency Medical Technician certification
8. Current TB results
9. Nominee must be currently active with an emergency medical care-providing agency.
10. IS-700 National Incident Management System

Participation in this program requires complete commitment. If you cannot make that commitment please do not apply.

COORDINATOR	E-MAIL	PHONE#	FAX#
Debbie Anderson	danderson01@fs.fed.us	503-808-2286	503-808-2339
Phyllis Thomas	prthomas@fs.fed.us	541-523-1962 or 541-519-4874	541-523-1965

NOMINATION DEADLINE
January 30, 2012

SELECTION NOTIFICATION
February 29, 2012

PACIFIC NORTHWEST INCIDENT MEDICAL SPECIALIST TRAINING

April 23-27, 2012
Hood River Inn
Hood River, Oregon

All applicants both new and RETURNING must complete the following 4 pages. This includes state and federal agencies and AD's. Applications not complete or without required documentation will not be accepted.

Lead Instructor: Dr. Jon Jui
Course Coordinator: Debbie Anderson
Nominations Due: January 30, 2012
Notification of Selection: February 29, 2012

TARGET GROUP - The course is designed for individuals who are committed to working as Incident Medical Specialists on incidents. It is not for obtaining certification hours as most of the training does not qualify. **Travel expenses for 1st year candidates will not be covered by the program. Subsequent year's costs will be reimbursed at standard per diem rates provided candidates actively participated in IMS during previous fire season, and have been approved and signed up by your home unit approving this training prior to attending.**

PREREQUISITES

- Qualified EMT B or higher.

COURSE DESCRIPTION

- Principle subject areas for this training are updated use of medications, trauma, fire injury/illness treatment, proper documentation, review of all protocols, case reviews, practical stations, and advanced skills training.

COURSE OBJECTIVES - Upon completion of this course, the student will be able to:

- Be qualified as "trainee" Incident Medical Specialist.
- Understand the commitment required for this program. You will be assigned blocks of time (one or two weeks usually) when your team is on 24 hour call. During this time, you are expected to be ready for dispatch and available to be on the road or at an airport within 2 hours. When **dispatched** to fire you will be expected to serve from **14 days to 21 days** on the incident **plus travel** on both ends.

**PACIFIC NORTHWEST INCIDENT MEDICAL SPECIALIST MEMBER
APPLICATION**

The Pacific Northwest Incident Medical Specialist Team is recruiting for membership. The purpose of this application is for those who are interested in becoming an Incident Medical Specialist and to verify the status of current members for the 2012 season.

**PLEASE FILL OUT THIS APPLICATION FORM COMPLETELY AND RETURN TO:
Phyllis Thomas, Wallowa-Whitman NF, Whitman RD, 3285 11th St. Baker City, OR
97814**

PACIFIC NORTHWEST REGION
INCIDENT MEDICAL SPECIALIST
APPLICANT QUALIFICATION QUESTIONNAIRE

The information requested below must be provided. You will be notified in writing/email if you are selected to attend the training presented April 23-27, 2012 at the Best Western Hood River Inn, Hood River, OR

NAME: _____ **FOREST:** _____

DISTRICT: _____ **APPLICATION DATE:** _____

WORK PHONE #: _____ **HOME PHONE #:** _____

FAX PHONE #: _____ **CELL PHONE #:** _____

GOVERNMENT COMPUTER ADDRESS: _____

Please include and be accurate

**Electronic mailing address
(other agencies, home, etc.):** _____

HOME ADDRESS: _____

WORK ADDRESS: _____

DISPATCH LOCATION _____ **DISPATCH AIRPORT** _____
5 DIGIT (i.e. OR-MHF or WA-DNR) 3 DIGIT INDICATOR (i.e. Portland=PDX)

1. Are you currently certified as an EMT? Yes No
If you answered **Yes** to question number 1, what is
2. your Rating (Basic, Intermediate, Paramedic, etc.) _____

Certification Number _____ State _____ Expiration Date: _____
National Certification Number _____ Expiration Date: _____

3. Are you an active responder? Yes No
4. If you answered **Yes** to question 3, list the group(s) you respond with. (Ambulance, ski patrol, etc.)

5. Have you had fire line experience? Yes No
6. Have you had any training in fire behavior? Yes No
7. Do you have experience in working with helicopters? Yes No
8. Will you be available for fire dispatch in 2012? Yes No
9. Work Capacity Test Level Obtained: _____ Year taken: _____

IMS personnel will be required to pass a light work capacity test to participate in the program, unless otherwise approved by the IMS committee during the application process.

10. Are you involved in any continuing education? Yes No
 Where and from whom did you receive continuing education in the last two years?
 Please list subject(s) and dates or attach copies.

11. Are you current with your Hepatitis vaccinations? Yes No
12. Have you had a tetanus shot in the last five years? Yes No
13. Have you had a TB test in the last year? Yes Results _____ No
14. Current Physician Advisor? Name _____ Phone #: _____
15. Check One: New applicant Returning applicant **First IMS Year:** _____

All individuals applying for a position in the Pacific Northwest INCIDENT MEDICAL SPECIALIST program **MUST PROVIDE** the following information:

1. **Attach a photocopy of your current State EMT certification.**
2. **Attach a photocopy of your current national EMT certification if applicable.**
3. **Attach a photocopy of your most recent red card.**

Please give the **date you completed the following training**. If you have not received the training include a plan for completion signed by your training representative including date and place you will receive this training. **You will not be dispatched until all requirements have been met.**

Year	Training Description
_____	S-130 Firefighter Training
_____	S-190 Introduction to Fire Behavior
_____	Basic Incident Command System, I-200 (or equivalent)
_____	IS-700 National Incident Management System
_____	Annual Fire Refresher

You will also be required to complete fire refresher training annually and provide proof of completion to IMS coordinator. Information is frequently shared via e-mail please ensure you have included an up to date e-mail address.

I agree to serve as a member of the Incident Medical Specialist teams and to keep myself available when my team is up for dispatch. I will keep my team leader informed of my availability during the teams rotation and at other times should I become unavailable for any reason.

I understand that participating in this program carries with it a **full commitment** to go on fires for extended periods of time and that **this would be my primary duty assignment. Any other fire assignments would need to be approved through your Team Manager.**

Applicant: _____ Date: _____
Signature

I concur and support this individual to be a member of this program and I will provide this employee with the time to participate in training (agency cost) and will allow them to be dispatched to fires during the 2012 fire season.

Work Supervisor: _____ Date: _____

Phone Number: _____