Course Request Form
Washington State Emergency Management Division Training Program

_____

Request Type

Check one box in this section and supply the additional information indicated under the selection.

Consortium Course Delivery

Course Code/Title:

Preferred Date or Date Range:

Tentative Course Location (City):

Prefer Registrations Collected by: Consortium   Local POC/Requestor   State EMD

State Course Delivery

Course Code/Title:

Preferred Date or Date Range:

Tentative Course Location (City):

Conduct a NIMS/ICS Course (IS-100/200/700/800 Combo, ICS-300, ICS-400, G0402, G0191, or G0775)

Course Code/Title:

Start Date/Time: End Date/Time:

Training Address:

Prefer Registrations Collected by: Local POC/Requestor   State EMD

Registration URL (if applicable):

Required with this request - Attach the class agenda reflecting required contact hours; instructor name(s) and unit(s) instructed.   We need assistance finding instructors (no agenda attached)

_____

Local Point of Contact (if different from Requestor)

First and Last Name:

Agency:

Phone:

Email:

_____

Requestor

First and Last Name:

Agency:

Phone:

Email:

_____

Attestation (check each block)

I will meet recommended course contact hours   I will monitor Student Attendance with sign in rosters

I will use State EMD or FEMA approved curriculum   I have reviewed the 2017 NIMS Program Document

I will maintain control of exams and answer keys   I will use FEMA Reusable Learning Objects as applicable

I will collect and submit student evaluations   I agree to Course Instructor Conduct Expectations outlined in section 6.E of the State Training Program Plan

_____