



Course Conduct Worksheet

Washington State Emergency Management Division Training Program

Request Type

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

<input type="checkbox"/> Consortium Course Delivery	<input type="checkbox"/> State Course Delivery	<input type="checkbox"/> ICS Course Delivery
Course Code/Title:		
Start Date/Time:		
End Date/Time:		
Training Location Name:		
Street Address:		
City:	State:	Zip Code:
Facilitator 1:	Email:	
Facilitator 2:	Email:	
Facilitator 3:	Email:	
Facilitator 4:	Email:	
Prefer Registrations Collected by:	Local POC/Requestor	State EMD
Registration URL (if applicable):		

Required for ICS course requests - Attach a draft class agenda reflecting required contact hours; instructor name(s) and unit(s) to be 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 ensure the course meets minimum contact hours

I will use State EMD or FEMA Approved Curriculum

I will maintain control of exams and answer keys

I will collect and submit student evaluations

I will ensure each student signs in

I have read the 2017 NIMS Program Document

I will use FEMA RLOs as applicable

I have read Washington State Training Program Plan