



Washington State Emergency Management Division Training Program

Course or Event Request Form

Request Type

NIMS/ICS Course G Course Consortium/Other (O) Event/Exercise

Registration and Advertisement:

Post Course or Event to State Training Calendar: YES NO

External Registration URL (*by exception only*):

Prefer Registrations Collected by: Local POC/Course Manager WA State EMD

Local POC (*name and email*) approving registrations (*if selected*):

Course/Event Registration Type: Open (public registration) Closed (no public registration)

Course Code/Title:

Start Date/Time: End Date/Time:

Location Name/Maps link:

Street Address:

City: State: Zip Code:

** Required for ICS/G course requests: Attach a draft class agenda reflecting required contact hours (not including lunch breaks); lead instructor name (must be WA State Provisional or Fully-Certified Instructor for course indicated), supporting instructor name(s), and unit(s) to be instructed.*

Instructor(s):

Lead Instructor: Email:

Support Instructor: Email:

Support Instructor: Email:

Support Instructor: Email:

Requester / Local Point of Contact / Course Manager:

First and Last Name:

Agency / Organization:

Phone:

Email:

Attestation (check each block):

- I will ensure the course meets minimum contact hours. I have read the 2017 NIMS Program Document.
- I will use State EMD or FEMA Approved Curriculum. I have read Washington State Training Program Plan.
- I will maintain control of exams and answer keys. Student EMPG funding status is verified.
- I will ensure that Instructors are State Certified in a provisional or fully-certified status (ICS/G Courses).
- I will ensure each student signs in and a final **sign in roster** and **course closeout form** is provided upon course completion.