

GENESEE COUNTY ASSOCIATION OF FIRE CHIEF'S
Genesee County Training Committee
ICS 300 & ICS 400
Registration Form
RETURN BY JUNE 1, 2018
SMOKE COURSE: 2018-2Z-25-I15A-0482 & 2018-2Z-25-I16A-0482

ICS 300 – Mundy Township FD #2, 4011 W. Hill Rd., Swartz Creek MI 48473

Friday, June 8, 2018 - 1800 to 2200

Saturday, June 9, 2018 - 0800 to 1700

Sunday, June 10, 2018 - 0800 to 1700

Course Description: This course provides training for personnel who require advanced application of the Incident Command System (ICS). This course expands upon information covered in the ICS 100 and ICS 200 courses.

Course Objective: Describe how the National Incident Management System Command and Management component supports the management of expanding incidents. Describe the Incident/Event Management process for supervisors and expanding incidents as prescribed by the ICS. Implement the Incident Management process on a simulated Type 3 incident. Develop an Incident Action Plan for a simulated incident.

ICS 400 - Mundy Township FD #2, 4011 W. Hill Rd., Swartz Creek MI 48473

Saturday, June 23, 2018 - 0800 to 1700

Sunday, June 24, 2018 - 0800 to 1700

Course Description: This course provides training for personnel who require advanced application of the Incident Command System (ICS). This course expands upon information covered in ICS 100 through ICS 300 courses, which are prerequisites for the ICS 400 course.

Course Objective: Explain how major incidents engender special management challenges. Describe the circumstances in which an Area Command is established. Describe the circumstances in which Multi-Agency Coordination Systems are established.

These are free classes. Each student will be registered in SMOKE before the due date listed above.

Registration (PRINT LEGIBLY)

Name: _____ Department: _____

SMOKE Personal ID #: _____ NFIRS: _____

Home Address: _____

City, zip: _____ Phone: _____

Date of Birth: _____ Email: _____

NOTE: To insure communication via email with the student is effective, please be sure the email listed matches the one listed in SMOKE.

Emergency Contact Person: _____ Phone: _____

All class registration forms must be approved and signed by the Fire Chief. By the Chiefs signature, it is assumed the person named above is a current member of the fire department covered by all workers compensation and injury insurance deemed appropriate by the fire department being represented.

** THIS INFORMATION IS CONFIDENTIAL AND IS PROTECTED BY THE FEDERAL PRIVACY ACT.*

Fire Chief Signature or typed name AND email account

Contact Phone Number

Mail or email (NO FAX AVAILABLE) completed registration forms to:

Chief Bill Miller, PO Box 269, Swartz Creek, MI 48473

Email attachment to gatwpfdch1@aol.com

Telephone: 810-223-4773