

MAINE FIRE TRAINING & EDUCATION

ANNOUNCEMENT
WITH
REGISTRATION ATTACHED

NFA TRAIN-the-TRAINER

ICS-400, Advanced ICS for Command & General Staff, Complex Incidents

February 5&6, 2007, 0800-1700

Southern Maine Community College

2 Fort Road, South Portland, Maine 04106

**Contact: Ed Marks, Administration Deputy, MFT&E, SMCC
207-741-5557, e-mail: emarks@smccme.edu**

Lead Instructor: Allen Thomason, phone: 717-633-6877, e-mail: barbal1@comcast.net

Unit Instructor: Stephen Foley, phone: 413-567-1959, e-mail: stephen_foley@cap-police.senate.gov

Objective:

The ICS-400 portion is designed to Train the Trainer: to explain how major incidents/events pose special management challenges; to describe the circumstances in which an Area Command is established; and to describe the circumstances in which Multi-agency Coordination Systems are established.

Description:

Designed to Train the Trainer to teach emergency response personnel who would function as part of an Area Command, EOC, or MAC during a large, complex incident or event. Or those personnel who are or would likely be part of a local or regional Incident Management Team during a major incident, whether single agency, multi-agency, or Unified Command.

Student Selection Criteria:

- Fire Instructors employed by SMCC/MFTE
- Trade Region I Members
- Certified Fire Instructors
- Training Officers

Class Size: Min: 18 Max: 32

Length: 2 Day Course

REGISTRATION DEADLINE: December 29, 2006

Please Post



Phone: 1-207-741-5555

Web: www.mfte.org

REGISTRATION FORM
Please Print Clearly and with Blue Ink



Name: _____ Last 4 digits of Soc. Sec. # _____
(Used for identification number)

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone (hm) _____ (wk) _____ (mobile) _____

Emergency Contact Name: _____ Phone: _____

E-mail: _____ Date Entered Fire Service: _____

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Application procedures: Please mail your registration form to our Bangor office.
Fire Chief's signature required for any applicant not employed by SMCC/MFT&E

Fire Chief's Signature: _____
(Authorizing Attendance)

PLEASE MAIL THIS FORM TO : **MFT&E / EMCC**
C/O CHERYL NASON
354 HOGAN RD.
BANGOR ME 04401