



# State of Tennessee Training Course Application

## All-Hazards (Type 3) Incident Management Team Program



AHIMT COURSE REQUESTED (Select only one course per application)					
<input checked="" type="checkbox"/>	Course	<input checked="" type="checkbox"/>	Course	<input checked="" type="checkbox"/>	Course
<input type="checkbox"/>	0-305 AHIMT	<input type="checkbox"/>	Safety Officer	<input type="checkbox"/>	Resources Unit Leader
<input type="checkbox"/>	Incident Commander	<input type="checkbox"/>	Public Information Officer	<input type="checkbox"/>	Staging Area Manager
<input type="checkbox"/>	Operations Section Chief	<input type="checkbox"/>	Liaison Officer	<input type="checkbox"/>	Situation Unit Leader
<input type="checkbox"/>	Planning Section Chief	<input type="checkbox"/>	Division/Group Supervisor	<input type="checkbox"/>	Facilities Unit Leader
<input type="checkbox"/>	Finance/Admin Section Chief	<input type="checkbox"/>	Strike Team/Task Force Leader	<input type="checkbox"/>	Supplies Unit Leader
<input type="checkbox"/>	Logistics Section Chief	<input type="checkbox"/>	Communications Unit Leader	<input type="checkbox"/>	Finance/Administration Unit Leader
<input type="checkbox"/>	Other (specify)				

COURSE DATE REQUESTED

PERSONAL INFORMATION	
Last Name, First Name, MI:	Date:
Email:	Primary Phone Contact (incl area code):
Alt email:	Alt Phone Contact (incl area code):
Work/Home Station Address:	Mailing Address:
City/State/Zip:	City/State/Zip:
Employer:	Job Title/Rank:
FEMA Student ID Number: (Obtain at: <a href="https://cdp.dhs.gov/femasid">https://cdp.dhs.gov/femasid</a> )	

INDICATE THE REGION WHERE YOU RESIDE OR WORK IN AND THE TEAM ASSOCIATION:		
East Region	Middle Region	West Region
AHIMT	EMST	TN State-level EMST



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### COURSE SELECTION PRIORITY

**1<sup>st</sup>** priority for the 0-305 and Position Specific Courses are reserved for active members of the Regional All-Hazards Incident Management Teams or the Regional/ State Emergency Management Support Teams.

**2<sup>nd</sup>** priority are Individuals being recruited for Regional AHIMT or EMST membership.

**3<sup>rd</sup>** priority is the general emergency response community.

### COURSE PREREQUISITES

Provide the dates for the prerequisite courses. If you are using an alternative course as a substitute for any of the prerequisites, be sure to include a copy of the course certificate and justification why it is equivalent.

Course	Date	Course	Date
ICS100		ICS400 (if required)	
ICS200		IS700	
ICS300		IS800	

Other Related Courses (provide copy of certificates): \_\_\_\_\_

### Training Application Submittal Instructions

- All requestors must receive approval signature from agency administrator (employer) to attend training
- All requestors must complete a course application for each course
  - All requestors submit the application to TEMA Training at [TEMA.Training@tn.gov](mailto:TEMA.Training@tn.gov) with a CC to the one appropriate Regional Coordinating Committee at least 45 days prior to class start date
    - Regional Coordinating Committees' email:
      - East-Team: [TN-AHIMT-CC-East@listserv.tn.gov](mailto:TN-AHIMT-CC-East@listserv.tn.gov)
      - Middle Team: [TN-AHIMT-CC-Middle@listserv.tn.gov](mailto:TN-AHIMT-CC-Middle@listserv.tn.gov)
      - West Team: [TN-AHIMT-CC-West@listserv.tn.gov](mailto:TN-AHIMT-CC-West@listserv.tn.gov)
      - EMST: [TN-AHIMT-EMST@listserv.tn.gov](mailto:TN-AHIMT-EMST@listserv.tn.gov)

### APPLICANT CONFIRMATION AND SIGNATURE

I understand that completion of this training course is just one step to become qualified for any of the positions on an AHIMT. If accepted I must also dedicate time and effort to attend the additional training identified in the qualifications process to receive credentials in an ICS position.

Print Name		Date	
Applicant Signature			



AHIMT

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EMST

SUPERVISOR APPROVAL			
Employer Name		Date	
Supervisor Signature		Supervisor Title	

REGIONAL AHIMT IC OR COORDINATING COMMITTEE REPRESENTATIVE			
Printed Name		Date Received	
Signature			

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**Training, Education and Membership Committee Use:**

\_\_\_\_\_ : Application Approved      \_\_\_\_\_ : Not Approved      Date of Decision: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_