



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: https://cdp.dhs.gov/femasid)	

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

- 1st** 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.
- 2nd** priority are Individuals being recruited for Regional AHIMT or EMST membership.
- 3rd** 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 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-EMST-CC-EAST@listserv.tn.gov
 - Southeast Team: TN-EMST-CC-SOUTHEAST@listserv.tn.gov
 - Middle Team: TN-EMST-CC-MIDDLE@listserv.tn.gov
 - West Team: TN-EMST-CC-WEST@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			

Training, Education and Membership Committee Use:

_____ : Application Approved _____ : Not Approved Date of Decision: _____

Comments: _____
