



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"/>	Staging Area Manager	<input type="checkbox"/>	Information Tech. Unit Leader	<input type="checkbox"/>	
<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:		
<input type="checkbox"/> East Region	<input type="checkbox"/> Middle Region	<input type="checkbox"/> West Region
<input type="checkbox"/> AHIMT	<input type="checkbox"/> EMST	<input type="checkbox"/> 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-AHIMT-CC-East@listserv.tn.gov
 - Middle Team: TN-AHIMT-CC-Middle@listserv.tn.gov
 - West Team: TN-AHIMT-CC-West@listserv.tn.gov
 - EMST: 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			

Training, Education and Membership Committee Use:

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

Comments: _____
